AC. 4462

Ack'd

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.

LONDON SCHOOL OF HYGIENE ★ AND TROPICAL MEDICINE
LIBRARY
-7 JUL 1967

FOR THE YEAR ENDED 31ST DECEMBER, 1966

[FIFTY-NINTH YEAR]

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.

FOR THE YEAR ENDED 31st DECEMBER, 1966

[FIFTY-NINTH YEAR]

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

https://archive.org/details/b30081282

INDEX

PAGE

After Care 32
Atmospheric Pollution ... 8, 16
Audiology 20–21, 48
Blind Pupils 29, 30
Cerebral Palsy 31
Child Guidance Treatment 39, 51–52, 67
Chiropody 19, 67
Cleanliness (Head and Body) 25, 46, 64
Convalescent Treatment 17, 67
Co-operation with other Bodies 17, 26
Cost of School Health Service 71

Deaf and Partially Hearing Children 29
Defective Vision, see "Eyes"
Delicate Pupils 25, 29
Dental Service 9, 33–36, 57, 68
Department of Education Returns 63–70
Diabetes 31
Diphtheria Immunisation 27, 67
Drug Taking 7, 16
Dysentery 53

Ear, Nose and Throat ... 16, 20, 48 64, 66
Educationally Sub-Normal Pupils 25, 28, 29, 31
Enteritis 16
Eyes ... 18, 47, 48, 64, 66, 67

Fairthorn Convalescent Home ... 17
Further Education for Handicapped Pupils 32

General Condition of Children ... 46
General Information 71

Handicapped Pupils 28–32, 69–70
Health Education 26
Heart Diseases and Rheumatism 19, 50, 67
Heights and Weights 46, 58–62
Home Tuition 28

Immigrants 23–24
Infectious Diseases 7, 9, 40, 53, 66
Inspection Clinics ... 11, 55, 57
Investigations carried out 8, 16, 23

PAGE

Maladjusted Children 28
Measles 9, 15, 16, 53
Milk in Schools 41
Minor Ailments Clinics... 11, 55, 57

Nursery Schools and Classes 26, 62

Obesity 15
Ophthalmic and Orthoptic Treatment, see "Eyes"
Orthopædic Treatment 19, 66

Parental Co-operation 8
Partially Hearing ... 29, 49
Partially Sighted Pupils 10, 29, 30
Periodic Health Inspections 13, 45–47, 63, 65
Physical Education ... 42–44
Physically Handicapped Pupils 28, 29
Poliomyelitis 27

Remand Homes 40
Research, see "Investigations"
Residential Special Schools 32, 54
Rheumatism and Heart Diseases, see "Heart Diseases"

Scabies 7, 16
Scarlet Fever 53
School Buildings 40
School Meals 41
School Nursing 25–26, 52–53
Smoking 7
Special Examinations 14, 46, 64, 65
Speech (Therapy and Defects) 11, 37–38, 49–50, 67
Spina bifida 28
Staff 5–6, 13
Statistical Tables ... 45–71
Summary of Work 45
Swimming, see "Physical Education"

Tetanus Immunisation 27
Tuberculosis 22–24, 27, 67

Verrucæ 16
Visitors 40

Whooping Cough 16, 27, 53

X-ray of Staffs 40

CITY OF SHEFFIELD EDUCATION COMMITTEE

CHILD WELFARE SUB-COMMITTEE

Chairman — Coun. L. COPE
Deputy-Chairman — Coun. Mrs. E. A. HATTERSLEY

Ald. A. BALLARD, C.B.E., LL.D.
Coun. G. BENNETT
Mr. J. M. BIRKHEAD, J.P.
Mrs. H. BRIGHT
Mrs. B. BUCHANAN, J.P.
The Very Reverend Canon G. COLLINS
The Reverend F. DUCKWORTH, M.A.
Coun. Mrs. D. FITTER
Mrs. M. P. HOGG
Coun. P. HORTON, B.Sc.
Coun. PETER H. JACKSON, M.A.
Ald. P. C. J. T. KIRKMAN
Miss A. M. PARKER, O.B.E.
Coun. The Reverend B. J. P. PRITCHARD, B.A.
Coun. Miss P. M. SANTHOUSE

SHEFFIELD BLIND SCHOOL MANAGEMENT COMMITTEE

Chairman — Coun. L. COPE
Deputy-Chairman — Coun. Mrs. E. A. HATTERSLEY

Ald. A. BALLARD, C.B.E., LL.D.
*Mr. N. BODDY, J.P.
Mrs. B. BUCHANAN, J.P.
The Very Reverend Canon G. COLLINS
Coun. Mrs. D. FITTER
*Mr. R. HARGREAVES, M.B.E., M.A., LL.B.
Coun. P. HORTON, B.Sc.
Ald. P. C. J. T. KIRKMAN
Miss A. M. PARKER, O.B.E.

(**Co-opted members who were previously Governors of the School*)

JOINT SUB-COMMITTEE (EDUCATION AND HEALTH) re HEALTH SERVICES

Representatives of the Education Committee:
The Chairman (Ald. A. BALLARD, C.B.E., LL.D.)
The Deputy-Chairman (Coun. P. HORTON, B.Sc.)
Coun. L. COPE
Ald. Sir HAROLD JACKSON, LL.D.

Representatives of the Health Committee:
The Chairman (Ald. Mrs. P. SHEARD, B.A., J.P.)
The Deputy-Chairman (Coun. Mrs. W. M. GOLDING)
Coun. G. ARMITAGE
Coun. J. NEILL

DIRECTOR OF EDUCATION—T. H. TUNN, M.A.

STAFF

Medical Officer of Health and Principal School Medical Officer
CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer
WILFRID H. PARRY, M.D., D.P.H., D.T.M.&H.

Senior School Medical Officer
E. GWENDOLINE M. OATES, M.D., M.R.C.S., L.R.C.P.

Full-time School Medical Officers:

JAMES GREER, L.R.C.P.(I), L.R.C.S.(I), L.M.
DAVIDA M. MARLOW, M.R.C.S., L.R.C.P.
DORIS E. MORTON, B.A., M.B., B.Ch., B.A.O., L.M. (to 5-4-66)
ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P., D.P.H. (from 1-8-66)
EITHNE M. SWALLOW, B.A., M.B., B.Ch., B.A.O.
MARY B. VINCENT, B.A., M.B., B.Ch., B.A.O., C.P.H. (from 1-10-66)

Part-time School Medical Officers:

*DOREEN C. B. COLVER, M.B., Ch.B., D.C.H.
*HELEN ESSENHIGH, M.B., Ch.B.
*CHARLES O. GREER, B.A., M.B., B.Ch., B.A.O.
*KATHLEEN M. JONES, M.A., M.B., B.Ch., D.C.H. (from 5-12-66)
*SHEILA M. TILLOTT, M.R.C.S., L.R.C.P.
*FRANCIS A. WRENCH, M.B., Ch.B. (from 1-12-66)

School Medical Officers also serving in the Public Health Service:

KATHERINE S. P. HILL. B.A., M.B., B.Ch. B.A.O.
ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P., D.P.H. (to 31-7-66)
MARY B. VINCENT, B.A., M.B., B.Ch., B.A.O., C.P.H. (to 30-9-66)

Joint Appointments to School Health and Public Health Services:

ROLAND E. BROWNE, M.R.C.S., L.R.C.P., D.P.H. (to 30-11-66)
HARRIET G. DORNAN, M.B., Ch.B., B.A.O., D.R.C.O.G.
CHRISTINA F. J. DUCKSBURY, M.B., Ch.B., D.P.H. (to 31-8-66)
RUTH B. EDWARDS, M.B., Ch.B., D.C.H., D.(Obs.)R.C.O.G. (from 10-10-66)
SHEILA EDWARDS, M.B., Ch.B. (to 23-7-66)
SANDRA IVINSON, M.B., Ch.B. (from 6-9-66)
ANNA M. MacCARTHY, M.B., Ch.B.
MARY V. W. SEYMOUR, M.B., Ch.B., D.(Obs.)R.C.O.G. (from 3-10-66)
ZOFIA W. SWISTAK, L.R.C.P.I.&L.M., L.R.C.S.I.&L.M.
OONAGH R. YOUNG, M.B., Ch.B. (from 1-11-66)

Specialist Officers:

Ophthalmic Section	†*MALCOLM FERGUSON, M.B., B.S., D.O.M.S.
Ear, Nose and Throat Section	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
Orthopædic Section	†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.
Rheumatism and Heart Disease	†*JOHN LORBER, M.D., F.R.C.P., D.A.

Orthoptist:

†*MISS JENNIFER A. SMITH, D.B.O.

School Nursing Sisters:

Miss ELSIE DENT, S.R.N., S.C.M., H.V. Cert. (Chief School Nursing Sister)

Mrs. MARY ANDERSON, S.R.N., R.S.C.N.
Miss PHYLLIS M. ARTHUR, S.R.N.
Mrs. OLIVE A. ASHTON, S.R.N., S.C.M.
Mrs. DOREEN ATKINSON, S.R.N. (to 30-4-66)
Mrs. MARJORIE BARNSLEY, S.R.N., S.C.M. (to 31-8-66)
Mrs. ELIZABETH BATES, S.R.N., R.F.N., C.M.B. (Part I)
Mrs. NORA BROMLEY, S.R.N. (from 19-9-66)
Mrs. GRACE E. BROWN, S.R.N., S.C.M.
Mrs. SHEILA A. CLARKE, S.R.N. (from 1-2-66)
Mrs. JOYCE C. COGGINS, S.R.N.
Mrs. ELLEN M. COWARD, S.R.N. (from 17-10-66)
Mrs. ELSIE M. COX, S.R.N., S.C.M.
Mrs. DOREEN DEVEY, S.R.N., C.M.B. (Part I) (to 31-8-66)
Miss EDITH DONCASTER, S.R.N.
Miss BETTY DRIVER, S.R.N., S.C.M.
Mrs. BESSIE J. GODDARD, S.R.N. (from 1-2-66)
Mrs. JEAN HEPPLESTONE, R.S.C.N.
Mrs. IVY HIBBERT, S.R.N., S.C.M.
Miss MARGARET HILTON, S.R.N., R.F.N., C.M.B. (Part I)
Miss CLARICE HOBSON, S.R.N., R.F.N., S.C.M.
Mrs. VERA C. M. JAMES, S.R.N.
Mrs. CONSTANCE E. JONES, S.R.N., C.M.B. (Part I)
Mrs. JACQUELINE S. KIRKBY, S.R.N.
Miss CONSTANCE M. LAMBERT, S.R.N., S.C.M. (to 4-5-66)
Mrs. JOYCE LEACH, S.R.N.
Mrs. LILIAN LIVERSIDGE, S.R.N., T.A. & Orth. Certs.
Mrs. LOIS McCALLUM, S.R.N., S.C.M., R.F.N., H.V.Cert.
Mrs. MARGARET MACDOUGALL, S.R.N., C.M.B. (Part I)
Mrs. EVELYN NOBLE, S.R.N.
Mrs. MARJORIE PRINGLE, S.R.N. (from 6.9-66)
Mrs. VALERIE RAINBIRD, S.R.N., Q.I.D.N. (to 30-4-66)
Mrs. GRACE RICHMOND, S.R.N.
Miss AUDREY E. SALVIN, S.R.N., S.C.M., H.V.Cert.
Mrs. BRENDA SHEPHERD, S.R.N.
Mrs. RENE SMITH, S.R.N.
Miss GRACE STANIFORTH, S.R.N., S.C.M.
Mrs. JEAN A. THOMPSON, S.R.N. (from 1-6-66)

Nursing Assistants:

Miss KATHLEEN BELL
Mrs. HAZEL COLLEY
Mrs. MARY CRAPPER, S.E.N.
Mrs. DOROTHY DARWIN
Mrs. CONSTANCE H. ELLIOTT
Mrs. JOYCE M. FARIS (to 31-3-66)
Miss ELIZABETH GILL
Mrs. GWYNNETH D. MARK (from 16-5-66)
Mrs. BETTY PURVIS, S.E.N.
Mrs. DOROTHY SANDLAND
Mrs. JOAN STEER
Mrs. MARY E. TOWNEND, S.E.N.
Mrs. JOAN M. TURNER
Mrs. MARGARET G. WARRINGTON

Pharmaceutical Technician:

GEORGE WARRILOW

Principal School Dental Officer:
EDGAR COPESTAKE, L.D.S.

Senior School Dental Officers:
PAUL A. BETTS, L.D.S.
ALBERT E. CLARKE, L.D.S.
JOHN G. F. GILL, L.D.S., R.C.S.

School Dental Officers:
*Mrs. PATRICIA W. W. BLACKBURNE, L.D.S.
Mrs. SUSAN M. BROWN, B.D.S. (from 18-4-66)
Mrs. PETA J. B. HILL, B.D.S.
*PAUL R. MAKIN, L.D.S.
HERBERT PARKIN, L.D.S. (to 31-7-66)
Mrs. SUSAN P. STEVENSON, B.D.S. (from 3-10-66)
Mrs. EVA L. TYSON, B.D.S. (to 31-8-66)

Dental Anæsthetist:
*COLLETTE TAYLOR, M.B., B.S., D.A., F.F.A.R.C.S.

Dental Auxiliaries:
Miss JACQUELINE ASKEW
Miss ANN CHANDLER (from 6-9-66)
Miss PATRICIA MORRIS

Dental Surgery Assistants:
Miss ANGELA BIRKS (to 28-2-66)
Miss LILIAN H. CATTERMOLE
Miss JANET CATTELL (from 25-4-66)
Miss GEORGINA H. J. CREDLAND
Miss MOLLY GARRETT (from 21-3-66)
Miss LESLEY HADFIELD (to 31-3-66)
Miss SUSAN HAWKINS (to 6-4-66)
Miss PATRICIA L. HINDLEY (from 16-5-66)
Miss ESME KINGSTON
Miss WINIFRED M. McKENZIE
Miss CLARA L. MARSDEN
Miss APRIL G. MILTON
Mrs. AUDREY ROSS
Miss DELIA SHIELDS
Miss ANNE SYKES (from 9-5-66)

Dental Technician:
CLIFFORD J. ATKIN (Senior)

Child Guidance Centre:
Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER
NOEL E. WHILDE, M.Sc., F.B.Ps.S. (Educational Psychologist in charge)
Miss RUTH J. M. GARDEN, M.A., Ed.B., A.B.Ps.S. (Educational Psychologist)
Mrs. ALISON V. HUSAUNDEE, B.A. (from 4-1-66)
IAN C. MURPHY, Ph.D. (Educational Psychologist/Psychotherapist)
KENNETH A. SMART, B.Sc., Ed.B. (Educational Psychologist) (to 4-9-66)
†*REGINALD WARNECKE, M.R.C.S., L.R.C.P., D.P.M. (Psychiatrist)
†*A. C. WOODMANSEY, M.D., M.R.C.P., D.P.M., D.C.H. (Psychiatrist)
*Mrs. CHAJE R. HOLMES (Psychiatric Social Worker)

Speech Therapy Clinic:
Miss ANNE B. CHAPMAN, L.C.S.T. (Senior Speech Therapist)
Miss JENNIFER ADKINS, L.C.S.T. (Speech Therapist) (to 31-7-66)
*Mrs. ANNE D. M. GRAY, L.C.S.T. (Speech Therapist)
*Mrs. JEAN M. PEARSON, L.C.S.T. (Speech Therapist)
*Mrs. PRUDENCE R. M. POPAT, L.C.S.T. (from 7-3-66)
Mrs. EVELYN R. SOMMERVILLE, L.C.S.T. (from 12-9-66)

Chiropodist
*LEONARD ALDAM, M.Ch.S., S.R.Ch.

Bents Green School:
Miss JANICE WHITE (Bursar) (from 1-2-66)
Miss MURIEL M. HARTLEY, S.E.N. (Resident Assistant Nurse)

Chantrey School:
Mrs. ROSEMARY COLQUHOUN (Physiotherapist (to 25-3-66)
Mrs. THEODORA W. N. COLQUHOUN (Physiotherapist)
Miss THEODORA M. NORTH (Physiotherapist) (from 1-12-66)
Mrs. DIANA M. WILLIAMS (Physiotherapist) (from 27-6-66)
Mrs. MARIAN FORTESCUE, S.R.N. (Resident Nurse)
Mrs. BESSIE FURNESS, S.E.N. (Assistant Nurse)
Miss NORA BELL, S.E.N. (Assistant Nurse)
Miss CHRISTINE W. HOLLAND, L.C.S.T. (Speech Therapist)
Miss JOYCE WILKINSON (Bursar)

Maud Maxfield School for Deaf:
Miss FLORENCE E. SHAW (Bursar)

Oakes Park School:
Mrs. BERNICE OWEN, S.R.N. (Nurse)

Sheffield School for Blind Children:
Miss SARA E. BROOKS (Bursar) (6-3-66-to 31-7-66)
Miss CONSTANCE M. DAVISON (Bursar) (from 1-9-66)

Administrative Assistant:
PETER MASON, D.P.A.

SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, Sheffield, 1. (*Telephone* 26341).

(NOTE: *Denotes part-time Officer. †Denotes appointment by arrangement with the Regional Hospital Board)

LONDON -7 JUL 1967 AND TROPICAL MEDICINE

To the Chairman and Members of the Education Committee:

I take pleasure in presenting the Report of the Principal School Medical Officer for the year which ended on the 31st December, 1966. As usual it is the work of many hands and in a number of instances contributors have added personal comments. In an established service it is inevitable that the general lines of the Report become somewhat stereotyped, and yet those working in the service must constantly meet the challenge of changing circumstances. The resurgence of scabies was mentioned briefly and rather tentatively in the Report for 1965. The number of cases coming to the knowledge of the School Health Service is still comparatively small, but one senses that these represent only the visible portion of a much larger iceberg. Since the later 1940's it was thought that scabies could readily be controlled, but events have shown that this infectious condition, due to a mite which burrows into the skin, is now steadily increasing in many parts of the country, including Sheffield. Once a case is discovered it is essential that all members of the family should receive a hot bath, followed by the application of a suitable lotion over the whole body. During 1966, 776 children and their parents attended the Public Health Cleansing Station at Osgathorpe for treatment, and thanks are due to the school nursing sisters and health visitors who have been active in 'rounding up' the family contacts. I am glad to acknowledge the information received from general practitioners and consultants, which has enabled many requiring treatment to have been brought into the fold.

It is also apparent that there are no longer grounds for complacency as regards the possible spread of drug-taking. I share the anxiety of certain medical officers about the possible effect of publicity, in that an impression may gain currency among young people that the exceptional is really the norm, and that those who do not conform are not 'with it' or whatever is the current slang term. On the other hand it is possible that the facts will be driven home to both young people and parents that, though some drugs may be relatively harmless, there is no clear cut demarcation. In the shady underworld created by the drug racketeer, an irrevocable step may be taken under circumstances where the mind is in no condition to weigh the consequences. It is like playing a dangerous game of Russian roulette. To put the matter in perspective, however, I must add that to the best of my knowledge the young person referred to in the local press is the only case in Sheffield addicted to one of the 'hard' drugs.

However disastrous the effects may be in an individual case of drug-taking, as a community problem it pales into insignificance compared with the tragedy of tobacco dependence when taken in the form of cigarettes. Since the association between cancer of the lung and cigarette smoking was demonstrated about 1950, many doctors and to an increasing extent other groups of adults have discontinued smoking. It is recognised, however, that this is often very difficult for established smokers even if they attempt to master the habit. Now the dangers of cigarette smoking are recognised, however, it is incredible that young people—and many children—continue to acquire the habit. It should not be beyond the wit of doctors and psychologists to investigate the sophisticated built-in defensive mechanism which seems to shield the mind from reason. It is easy to say that if teachers and parents did not smoke, their children would not do either, but until we know more about the psychology of smoking I do not think that we are in a position to offer convincing evidence that it would be the case. It is nevertheless a confession of our lack of knowledge as to the reason why people become involved in taking habit-forming drugs.

Although the paragraph on p. 16 is quite brief, Dr. Lunn's investigations have been published in detail in the British Journal of Preventive and Social Medicine, and are a most valuable contribution to our knowledge on atmospheric pollution. Fears are sometimes expressed about the disruption of schoolwork arising from research work amongst a 'captive' population. Certainly each project must be considered most carefully, and the disorganisation that may be caused in the educational system must be balanced against the possible value of the findings, bearing in mind that no research project is likely to provide a full answer to the health problems it seeks to solve. In a sense, Dr. Lunn has been the ideal investigator because his examinations have been carried out as part of the authority's statutory responsibilities. School medical officers have valuable opportunities for making useful observations as part of their routine work, but to be of value the investigation must be carefully planned and the examinations carried out with meticulous care, and this is not always possible unless some special arrangements are made regarding the time allowed for each examination. Even in routine work, however, a spirit of inquiry is the life-blood of good clinical practice.

I would draw attention to the importance of adequate time and examination under good conditions, in establishing a rapport with the mother. This is particularly important in regard to the entrant examination, for if the mother has had to ask for time off work in order to attend the school medical examination, and encounters a doctor who only seems interested in getting through children as quickly as possible, then it is unlikely that she will go out of her way to seek the help of the school health service if problems arise later on. In future, the child health services will increasingly be dependent on part-time work offered by young married women doctors, whose careers may well be interrupted by additions to the family—the concept of a school doctor and nurse who are known to teachers, parents, and children because they have worked in a district for many years, can only be possible on a very limited basis. What is important is that the doctor regards his work in schools as a fresh and interesting experience, recognising that the welfare of the child demands his co-operation both with the teachers and the other branches of the health service. Medical examination, whether on a routine or a selective basis, has always been and will remain an essential feature of the school health service. It should not be a brief encounter with the mechanical laying on of a series of instruments, but a genuine consultation between parent and a doctor who can rely on the background information of teacher and nurse. A doctor going into school regularly once a fortnight, as is mentioned on p. 13, seems an ideal arrangement but this is probably only practicable in the largest schools.

The school dental service made a striking recovery in the latter months of 1965 and the greatly improved staffing position is reflected in the figures on p. 33 which indicate that 7,577 children were treated in 1966 compared with 4,270 the previous year. The service is still inadequate but it brings us to something approaching the national average. The national average, of course, is not good enough, for if a school dental service is to be preventive all children should be examined at least every 12 months, even though many of the children may subsequently be treated by dental practitioners working outside the school health service. Even, however, if the staff can be recruited practical difficulties arise in providing a school dental service from convenient clinics, particularly as it is necessary for a dental auxiliary to work under the supervision of a fully qualified dentist. In time these strings may be loosened but, at the moment, they mitigate against the best use of dental auxiliaries for, as Mr. Copestake remarks, the school dentist does not spend all his time working at a clinic. I feel sure that the Health Committee would wish to make dental provision at the proposed clinics at Hillsborough and Heeley, but at national level priority is being given to health centres and it is, unfortunately, not possible to forecast when these facilities can be provided.

I am quietly hopeful that the fluoridation of water in Sheffield will not be long delayed. It must, however, be backed by a sound school dental service and supported by a continued programme of dental health education. It is common knowledge that the condition of children's teeth is much better in the southern part of England, and undoubtedly this is associated with the greater number of dentists practising and the greater awareness of the importance of preserving the natural teeth. It is not easy to change people's attitudes except over a period of many years but the early introduction of fluoride would restore the balance at the turn of a tap, and I can think of no single measure which would bring greater benefit to the dental health of the school population.

The measles figures were steadily rising during the Autumn term, but I sometimes wonder whether this will be the *last* measles epidemic. In an unvaccinated population, measles outbreaks occur with almost predictable precision as a susceptible population of infants and young children build up until their numbers are sufficient to favour the spread of measles virus. Almost all the children in Sheffield have measles by the age of seven and from that time onwards become immune. What would happen if the children who had never had measles—or, say, three-quarters of these—were protected artificially? At the moment we do not know for certain, but trials are currently being undertaken in certain parts of the country which should answer the question beyond reasonable doubt. Although in general measles is a comparatively mild disease—much less severe than even 20 years ago—it is still responsible for potentially dangerous complications such as otitis media and bronchitis, and there are occasional fatalities from encephalitis—an inflammation of the brain. In Sheffield chronic infections of the ear are still fairly frequent and many of these date from an attack of measles. Measles vaccination offers a promising possibility of reducing the incidence. There is, of course, the danger that attacks of measles may only be postponed, and yet I think that our experience of other infections shows that this does not happen—once the great bulk of the susceptible population is protected the infection dies out, possibly flaring up locally as an occasional event. It seems only a question of time until an effective measles vaccine is produced, which will immunise a child without causing even a temporary upset. It may well be that this time has already arrived and, if the research now carried out shows this to be the case, I feel sure that the preventive health services are well able to make use of this new knowledge, if the parents will let them. For the moment, however, a cautious attitude is justified, but there can be no doubt that the elimination of measles would be a prize of immeasurable value, both to the health of children and to their education.

Attention is drawn to the special classes for the partially-sighted established in 1965 at Stradbroke County School and Brook Secondary School. It is much better that handicapped children, even with a severe disability, should be educated alongside normal children, where possible, and the special class in an ordinary school gives such children the benefit of both worlds. I notice that the number of children examined by the ophthalmic surgeon at the Central Clinic has dropped from 3,337 in 1961 to 2,580, presumably because a greater number of parents are taking children to opticians. While opinions may differ as to the general need for examination by a medical man, I firmly believe that the treatment of children with squints should be under the supervision of an ophthalmic surgeon. The liability to squint sometimes has an hereditary basis, but often the condition follows some illness. If it is not promptly recognised and treated there is the danger that the squinting eye may become blind. Attention is drawn to the work of the orthoptic clinics on p. 18. Many cases of squint are first recognised when children go to school, and irreparable damage may already have been done.

Attendances at Woodhouse School Clinic remain rather low despite the rapid increase of population in this area. The pattern seems to be that treatment is commonly sought in areas where children traditionally have attended the school clinic, but elsewhere parents—possibly with the help of the family doctor—seem to be able to cope without the support of the clinic. The stage has perhaps arrived when we should look more closely at the functions of the school clinic by making a systematic inquiry as to work done in the various clinics in the City.

I have never mastered the terminology that speech therapists find most descriptive, and it is probably true that doctors generally have not taken the interest that they should in this field, bearing in mind its great importance in the development of the child, both socially and educationally. I am glad that it has been possible for a speech therapist to be provided with accommodation at Manor Maternity and Child Welfare Clinic, for difficulties arise if a child cannot make his own way to a somewhat distant clinic and the parent is unable to accompany him.

It is not sufficient that services should exist, but that each child should gain the maximum benefit from them. This is particularly true of the severely handicapped child where continuing oversight is necessary, with ramifications extending over health, education, and possibly later, vocational training and employment. The weakest link in the services is probably at school leaving age, and the Health Committee is conscious of the need to develop welfare services for those handicapped adolescents who are proving difficult to place in jobs. Arrangements have been in force for a number of years whereby senior doctors from the Health Department have been in close touch with Dr. Oates and her colleagues having a responsibility for the special schools. I think that this working together will be fostered by a more regular series of meetings between the staff concerned, so that the future of the handicapped child should be considered not only at the school leaver stage, but periodically throughout school-life. It is also important that those handicapped children attending residential schools outside Sheffield should not be overlooked, and arrangements must be made in good time for their assessment during school holiday periods when they are available for examination in Sheffield.

It only remains for me to express my thanks to the Chairman and Members of the Child Welfare Sub-Committee, and to the Director of Education and his staff, who always approach any suggestion in a spirit of helpfulness if it can be shown that it is for the good of the child. The teachers also seem guided by the same principle and it is fortunate that this is so, for the School Health Service leans heavily on their goodwill.

CLIFFORD H. SHAW,
Principal School Medical Officer.

MEDICAL EXAMINATIONS

"I believe the future is only the past again,
entered through another gate"
Arthur Pinero, "The Second Mrs. Tanqueray."

The pattern of the medical examinations continues more or less on the same lines. Tables relating to this are given on pages 45 to 47. The entrants' examination at the age of five is often the first contact between mother, child and school medical officer. It is important, therefore, that this should be a happy meeting, the examination thorough and unhurried, giving the mother chance to talk if she wishes, so that both she and the child go away with a feeling of satisfaction and of confidence in the school doctor.

The medical examination by selection continues for the 11-year-old age group, together with the examination of any child about whom the teacher is worried. Ideally, the school medical officer visits each school once a term for this latter purpose; in this way treatment, if necessary, can be commenced at the earliest possible time. Because of the day-to-day contact, the teacher is often the first to notice any alteration in the physical, mental or emotional health of the child.

The leavers' examination forms the point of contact between the school medical officer and the general practitioner, the youth employment officer and the medical officers in charge of the after-care of handicapped adolescents.

The school medical officer is part of the school team and, as such, would become better known to all pupils and staff if the opportunity was taken of attending school functions. A trial is beginning at one of the comprehensive schools for the school medical officer to visit the school regularly one session a fortnight. This may be a forerunner of further re-organisation on these lines. One obvious advantage is that it will reduce the time that the pupil is away from lessons, by avoiding visits to the clinic. It also forms closer links between parents, teachers and pupils.

The changes of staff and the long illness of one of the school medical officers have hampered the work. It has meant that different doctors have taken the clinic sessions, and carried out the periodic health inspections. Although, in the strict sense of the word, the examinations have been done thoroughly, a certain intrinsic value has been lost because the doctor was a stranger to both teachers and parents, and was simply filling a gap temporarily.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows:—

Candidates for appointment in the service of the Education Committee		417
For stage licences		1
Juvenile Court cases		78
Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades:—		
Number passed		702
Number not recommended		2
Students for admission to training colleges for teachers:—		
Men	129	
Women	150	
		279

REPORTS FROM SCHOOL MEDICAL OFFICERS

"Who plants thorns should not walk barefoot"

Johanan Twerski, "Rashi."

In the course of the work of the school medical officers, different aspects emerge which are reflected in the following extracts from reports received:—

"The general health of the children in the Wisewood area schools, which is good, has not altered substantially since previous years. One of the main problems in the younger age-groups is that of upper respiratory catarrh, enlarged tonsils, and adenoids and their complications. The vast majority of these appear to clear up with only symptomatic treatment, but as one batch of cases is discharged from either clinic-supervision or observation in school, a new lot are picked up at infant periodic health inspections.

However, I have been very pleased to note a much-reduced incidence of foot troubles, e.g., tinea pedis, verrucæ, etc., in Myers Grove, where a great deal of credit must be given to the staff for their willingness in reporting any cases immediately they arise. Indeed, I would like to place on record that the co-operation at this School received by the medical and nursing staff is of a very high order, and makes working there not only much more efficient but also very pleasant."

"The attendance numbers at Woodhouse Clinic vary greatly but on the whole are disappointing. I put this down to various factors:—

1. The schools are all at some distance from the Clinic.
2. Many of the mothers are in employment and find it more convenient to take children to the evening surgery of the family doctor than have time off work to come to the Clinic.
3. Many parents seem unaware that there is a school clinic in Woodhouse. Despite this, there is a good liaison with the head teachers of the schools in the area, who consult the clinic staff from time to time direct.

The only major epidemic has been measles, which affected mainly the infant schools.

Washing facilities on the new housing estates are good and there is consequently a high average standard of cleanliness and clothing among the infants and juniors. It is disappointing to find the standard lower in the older age-groups, where responsibility falls on the individual child."

"Obesity in children is still too prevalent and it is difficult to get parents of such children to appreciate the importance of using a reducing diet even in cases where a specialist has told them that a diet is the first step in the treatment of some associated orthopædic complaint. The practice by 'glossy magazines' of publishing 'gimmick' diets of doubtful value as an entertaining feature has perhaps discredited the work of diets in the mind of the public. I think a campaign on a national scale is worthy of consideration when one considers the physical disorders to which obesity contributes, particularly in adult life.

I have seen no signs suggestive of drug-taking in my area, nor have I heard of any from other workers with the children, and am inclined to the view that, apart from certain areas in the country which have proven cases of it, drug-taking by children is not as prevalent as sensationalist journalism would suggest."

"The health of the children in the Greenhill area continues to be good. There were mild outbreaks of mumps, measles and enteritis during the year. It was noticeable that the number of cases of scabies increased during the year, but these are now treated and clear. The numbers of verrucæ treated at the Clinic also increased. Fewer children with otitis media have been seen, and those children with asthma and bronchitis have had fewer attacks on the whole.

It is a point of note, on the social side, that there appear to be more broken homes with separated parents and an increase of children fostered in this area.

There would seem to be more to the problem of drug-addiction generally than has been uncovered.

It is sad to record that a girl of thirteen became pregnant. Arrangements for the adoption of the child have been made and the girl will return to another school later."

Dr. Lunn, of the University of Sheffield, reports on his investigations into the patterns of respiratory illness in Sheffield infant schoolchildren:—

"Data were studied relative to 819 infant schoolchildren living in areas of Sheffield with widely ranging air-pollution levels. The majority of the children came from council housing estates and had lived in the same area for most of their lives.

Upper respiratory tract illnesses, measured in terms of muco-purulent nasal discharge and three or more colds yearly, showed an association with areas which generally reflected the pollution levels. Illness was less common in the clean than in the dirty areas. Lower respiratory tract illnesses, measured in terms of persistent or frequent cough, colds going to the chest, and episodes of pneumonia and bronchitis, showed a similar pattern. In contrast to the area findings, socio-economic factors such as social class, number of children in the house and sharing bedrooms appeared to have little influence upon respiratory illness amongst the children."

CO-OPERATION WITH OTHER BODIES

> *"One may lead a horse to the water*
> *but twenty cannot make him drink"*
> Boswell, "The Life of Samuel Johnson."

NATIONAL HEALTH SERVICE

Specialist clinics arranged by agreement with the Regional Hospital Board continue as before; details are given on pages 18, 19, 20, 47, 48 and 50.

Co-operation with the hospitals and general practitioners is maintained by personal contact and by letters. Following the leavers' medical examination, 397 defects were noted and details sent to general practitioners. This represents 8·6% of school leavers as compared with 7·4% in the previous year.

PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

It cannot be too greatly stressed that the School Health Service is one of team work between medical officers, school nursing sisters, teachers, education welfare officers—in fact all members of the educational service—and parents. The co-operation of the Children's Officer and his staff, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Sheffield Council of Social Service and also that of the press must be acknowledged with thanks.

Fairthorn Convalescent Home, which is under the auspices of the Sheffield School Children's Holiday Association, was open from the 22nd March to the 7th December. During this time 87 boys and 86 girls received convalescent treatment, as well as 73 children who were selected for a holiday during the summer vacation by the teachers. Before admittance, each child was examined by a school medical officer and passed as suitable and free from infection.

The Senior School Medical Officer, Dr. Oates, continued to serve as President of the School Health Service Group of the Society of Medical Officers of Health until October and remains on the group council of the Society.

Dr. J. Greer gave two lectures on first-aid to the students at the Totley Hall College of Education.

OPHTHALMIC TREATMENT

"Eyes . . . . . they see and refer us to greater seeing"
Charles Williams

Mr. M. Ferguson, the Ophthalmologist, comments that the work continues satisfactorily and that the waiting list is of manageable proportions.

Tables in connection with this work (and also on orthoptic treatment) are given on pages 47 and 48.

ORTHOPTIC TREATMENT

Miss J. A. Smith, Head Orthoptist, reports:—

"I was delighted to take possession of a brand-new Synoptophore for the Clinic this year. This versatile instrument measures the angle of squint, whether latent or manifest; also any vertical deviation (quite common in ocular muscle palsy) and any torsion (rotary tilting of the eye). It also measures the strength of the 'fusion' between the two eyes and has its own stereopis (3-D vision) test. In order to assess all this, various colour slides have been produced—not only the classic 'Lion and his Cage,' but also Huckleberry Hound and The Flintstones.

In September, Miss Watson and Miss Stagg had the urge to seek pastures new, going to Canada and Geneva, respectively. After a gap of three months, their posts here were filled—at which point I went off for a rest-cure."

ORTHOPÆDIC AND CHIROPODY CLINICS

"We would rather run ourselves down than
not speak of ourselves at all"
La Rochefoucauld, "Maximes."

ORTHOPÆDIC CLINIC

Mr. A. Dornan, Consultant at the Royal Hospital, has continued to be responsible for this Clinic, where the work has followed the usual pattern of previous years.

During the year, 118 children were seen, of whom 8 were found to require hospital treatment. 138 attendances were made during the year.

CHIROPODY CLINIC

The chiropody clinic has remained busy during the year; 829 children attended for treatment, to whom a total of 1,636 treatments were given. At the end of the year, 21 children were still in attendance.

HEART DISEASES AND RHEUMATISM CLINIC

See page 50 for statistics relating to the year's work.

EAR, NOSE AND THROAT DEFECTS

"The world of silence without speech is . . . .
the world of unfinished creation"

Max Picard.

As before, Mr. R. E. Peasegood, the Aural Surgeon, attended the Central Clinic to see cases referred to him by school medical officers. Dr. E. M. Swallow, the School Medical Officer in charge of the clinic for young deaf children and the school for the deaf, attended with Mr. Peasegood. Through arrangements made by the Senior School Medical Officer, speech therapists also have the opportunity of discussing cases in which they are interested.

Annual statistics are given on page 48 relative to the work of the clinic, together with information regarding surgical treatment for tonsils and adenoids.

Dr. E. M. Swallow reports:—

"PRE-SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

Statistics regarding the year's work are given on pages 48 and 49.

Three auditory training sessions each week have again been provided during the year, the total attendance being very satisfactory. During the autumn, practical demonstrations were arranged for groups of nurses taking the health visitors' course at the Sheffield College of Technology.

PARTIALLY HEARING UNITS AT GREYSTONES SECONDARY AND HUNTER'S BAR COUNTY SCHOOLS

Statistics for the year for these units are given on page 49.

AUDIOMETER PURE-TONE TESTING, JANUARY TO DECEMBER, 1966

This was carried out in the Central Clinic and (since November, 1966) in the new Audiology Clinic in Orchard Lane.

A total of 1,084 children had full, pure-tone audiometric tests, either in the Clinic or at school, viz:—

New cases	465
Retests of present year	152
Retests of previous year	292
	909
Sweep test failures. Pure-tone tests carried out in school	175
	1,084

The 909 children tested in the Audiology Clinic were referred by—

School medical officers	769
Aural surgeon	99
General practitioners	5
School nursing sisters	3
Head teachers	8
Speech therapists	5
Maternity and Child Welfare	2
Parents' requests	18
	909

AUDIOMETER SWEEP TESTING—SCHOOL YEAR SEPT. 1965 TO JULY 1966

A total of 6,212 children were tested in infant schools in the 6-7 year age-group. Any who failed the test were referred to either the general practitioner or to the school medical officer at the appropriate branch clinic. All special schools were visited to test this age-group and any other children who were thought to require it."

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

"Happiness is the sum total of misfortune avoided"
Alphonse Karr, "Les Guêpes."

CHEST CLINIC

Dr. R. H. Townshend, Consultant Chest Physician, reports:—

"There has been little change in the situation regarding tuberculosis in school children during 1966.

There was a slight increase to 8 in the total number of schoolchildren notified as suffering from tuberculosis, although only 4 were attending the Chest Clinic. Five were pulmonary cases. Four of the notified cases were immigrants and one of these, who had been in the country for about a year, was the only infectious case.

One immigrant boy, who had been notified as suffering from tuberculosis in 1964, relapsed in 1966 because of inadequate follow-up chemotherapy, and required a further course of hospital treatment. All the children have since done well.

A total of 332 school children attended the Chest Clinic for the first time in 1966; 210 of these had B.C.G. Both these figures are slightly higher than in 1965."

Dr. R. E. Browne presents the following reports:—

"B.C.G. VACCINATION IN SCHOOLS AND FURTHER EDUCATION ESTABLISHMENTS

During 1966, the tuberculin-testing and vaccination of 11-year-old pupils and full-time students at establishments for further education has been continued.

(*a*) B.C.G. Vaccination of Schoolchildren

Number tuberculin-tested	4,823
Positive reactors (previous B.C.G.)	362
Positive reactors (no previous B.C.G.)	250
Positive reactor rate (no previous B.C.G.)	4·9%
Negative reactors	4,211
Number vaccinated	4,199

The positive reactor rate has dropped to 4·9% compared with 11·2% the previous year, an unusually high figure which was the subject of comment in the Annual Report for 1965.

The British Tuberculosis Association trial which was commenced in the spring term of 1965 was continued in 1966. The local authorities of Sheffield, Cardiff and Staffordshire are co-operating in a trial designed to compare the efficacy of B.C.G. vaccination by multiple puncture method with the standard intra-dermal method. The multiple puncture method is comparatively painless, leaves a negligible scar and on the whole is more popular with children.

The children who were vaccinated in the trial in 1965 were followed-up with Mantoux Tests in 1966, and of the 1,115 children who commenced the trial, 903 were Mantoux-tested in 1966.

X-ray of positive reactors

Of the 1,199 children who attended for X-ray, 403 were those whose parents had requested X-ray only, while not accepting the tuberculin-test.

The results of the X-rays were as follows:—

Normal chest	792
Evidence of past lesion, now healed	3
Miscellaneous	1

There were no cases of active tuberculosis discovered through these chest X-ray examinations.

(*b*) B.C.G. Vaccination of Students in Establishments for Further Education

The scheme, commenced in 1965, of visiting establishments for further education to test and vaccinate full-time students was continued.

Number tested	92
Positive reactors (previous B.C.G.)	67
Positive reactors (no previous B.C.G.)	1
Negative reactors	24
Number vaccinated...	24

Three members of the staff requested to be tested; of these, two (who had previously been vaccinated) showed a positive reaction, and one negative reactor was vaccinated.''

''SPECIAL INVESTIGATIONS IN SCHOOLS

During the year, two cases which required investigation of their contacts in school were notified. In each case, the other children in the class, and other contacts such as teachers or meals supervisors, were tuberculin-tested and appointments were made for chest X-rays where necessary.

In neither case was there any evidence of either the source or spread of the infection.''

''FOLLOW-UP OF IMMIGRANT SCHOOLCHILDREN

Further progress was made in the home-visiting of immigrant schoolchildren in April, 1966. This survey was begun in August, 1965, and is based on the names and addresses of children of school age obtained through the head teachers.

The basic procedure was continued unchanged, in that after an advisory letter had been sent to the parents, a team consisting of a medical officer and a health visitor visited the home to tuberculin-test and vaccinate the children, and to make contact with other occupants of each household. Within a framework of enquiry into social welfare, particular attention was paid to tuberculosis control. Children were tuberculin-tested and vaccinated with B.C.G. where necessary, and adults were referred for chest X-ray.

Houses visited	38
Information unobtainable	5
Individuals seen or recorded	108

Age group 0-15 *years*

Already had X-ray or X-ray appointment (positive reactors or contacts of positive reactors discovered in school B.C.G. vaccination scheme)		14
Previously had B.C.G.		11
Under observation as contacts		2
Tine Tested		8
Positive	2 (both Pakistanis)	
Negative	6 vaccinated with B.C.G. (all West Indians)	

No action was taken in the other cases for various reasons (e.g., no responsible adult to sign consent forms; no reply; left the address; language problem making it impossible to communicate; recent contact with infectious disease; in process of receiving other immunisations).

Age group 15 *and over*

Through arrangements usually made by the family doctor or a health visitor, these immigrants are offered protection soon after arrival in the City, either by chest X-ray, B.C.G. vaccination or examination at the Chest Clinic. The following information was obtained:—

Already had X-ray	43
Appointments made for X-ray	22
Attending Chest Clinic	4

Of the 38 houses visited, 7 were occupied by West Indians, 26 by Pakistanis and in 5 instances there was no reply.

One family from Australia had returned after emigrating, and indicated they did not consider themselves as immigrants.

Four boys, about 10 years of age, had been B.C.G. vaccinated in Pakistan, and two in the West Indies. After excluding children who were contacts of infectious illnesses, or in process of receiving other immunisations, Tine Tests were carried out on 8 children; there were 2 positive reactors, and 6 negative reactors who were vaccinated with B.C.G.

One interesting sidelight was that in recently-arrived immigrants from Pakistan, religious and cultural prejudices create additional problems. One husband, after admitting the health visitor, refused admission to the male medical officer until he dismissed his wife from the room; he was then most co-operative and hospitable. Another father of a recently-arrived 18-year-old girl insisted on an appointment for her chest X-ray on his half-day, as he explained that his daughter could not go out unless accompanied by a male relative."

SCHOOL NURSING SERVICE

"A bevy of fair women"
John Milton, "Paradise Lost."

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister:—

"The staffing situation has remained satisfactory throughout the year, despite the fact that 5 school nursing sisters and one nursing assistant resigned. Miss C. M. Lambert retired in May, after 27 years' valuable service as a school nursing sister. Mrs. M. Barnsley left the service to take up full-time duties as Health Tutor at Kenwood College of Education. Two sisters resigned for domestic reasons and one to undertake health visitor training. One nursing assistant resigned to take up another appointment. These vacancies were all filled, leaving one vacancy for a school nursing sister at the end of the year.

Five members of staff attended a 12-day refresher course in April, and all found it most enlightening and rewarding.

The nursing staff gave considerable assistance in obtaining information for the National Child Development Study.

CLEANLINESS SURVEYS

These have followed the usual pattern and once again there has been a very slight decrease in the number of girls found to have head infestation, but the number of boys shows a very slight increase.

There has been an increasing number of scabies detected at the hygiene inspections in schools. Where there is full co-operation from the parents, the condition is quickly cured, but unfortunately the incidence seems to arise mainly in the 'socially inadequate' families, where there is a low standard of hygiene and pressure has to be brought to bear to enforce attendance for treatment.

SPECIAL SCHOOLS

The school nursing sisters have continued to attend these schools regularly. Breathing exercises have been discontinued at Springvale House School, where the type of case now being admitted does not require this treatment. In addition to carrying out minor ailment treatment and any special treatments prescribed by the hospital, the school nursing sister proves to be a very valuable liaison between the home and school, particularly in the schools for the educationally sub-normal, where many children come from homes which have social problems.

NURSERY SCHOOLS AND CLASSES

The work in these has been carried out as in previous years. The outstanding feature appears to be the ever-increasing demand for more places, especially where families are being re-housed in flats.

CO-OPERATION WITH HOSPITALS AND OTHER SOCIAL WORKERS

The Chief School Nursing Sister has attended meetings of the Care of Children Co-ordinating Committee. She has also attended special case conferences with other social workers to consider the problems of specific families.

The close co-operation with the Superintendent Health Visitor and her staff has been maintained, and the school nursing sisters and health visitors have continued to consult each other where they have a mutual interest in a family.

The education welfare officers and the N.S.P.C.C. have given valuable help where difficulties have arisen in medico-social problems. The W.R.V.S. have been very generous in their assistance with clothing for needy families who do not qualify for statutory grants.

HEALTH EDUCATION

Baby-bathing demonstrations and talks on personal hygiene have been given to senior girls at the request of some of the head teachers. It is gratifying to note that, where this has been done in the past, it is always asked for again the following year.

Members of staff have given talks on the School Health Service to parent teacher groups; and courses of lectures to boys and girls studying for the Duke of Edinburgh's Award.

Visits to observe the work in the various departments have been paid by students from the Pre-nursing Education Centre, Kenwood College of Education, sixth-form grammar school girls and student probation officers and student health visitors."

Statistics relating to the service are given on pages 52 and 53.

VACCINATION AND IMMUNISATION

> *"Take not the first refusal ill: tho' now she won't,*
> *anon she will"*
>
> Thomas D'Urfey.

The School Health Service continued to make provision for those immunisations which fall due between the ages of 5 and 15 years, and to encourage those children who have not been immunised to have their full primary courses against diphtheria, tetanus and poliomyelitis.

Appointments are made at the school clinics for the booster dose of diphtheria/tetanus due at 5 years of age; also for diphtheria, whooping cough and tetanus for pre-school-age siblings, and diphtheria/tetanus for older siblings who have not been immunised.

In the case of poliomyelitis, teams of the school nursing staff visited the primary schools to give the booster dose of oral vaccine, and to commence the course for other children who had not been immunised. Appointments for the second and third doses were given to attend at the Maternity and Child Welfare Centre, Orchard Place.

B.C.G. vaccination was offered to children in their first year at senior school (see page 22).

Immunisations by School Health Service

Primary Course	1966	1965	1964	1963
Diphtheria	14	12	32	48
Triple	156	88	194	93
Diphtheria/Tetanus...	462	298	632	331
Tetanus	206	698	1,633	1,227
Booster				
Diphtheria/Tetanus...	2,674	2,423	2,951	2,405
Tetanus	1,162	1,047	1,047	1,564
Poliomyelitis ...	20,363	10,003	2,651	11,727

HANDICAPPED PUPILS

"The will is the strong, blind man who carries on his shoulders the lame man who can see"

Arthur Schopenhauer.

Chantrey school for children with cerebral palsy remains full.

The number of severely-handicapped children admitted to Oakes Park continues to increase, chiefly due to cases of spina bifida with paralysis of varying degrees from the waist downwards. However, it is hoped that one or two of the children may be able to attend ordinary school after they have had an ileal loop operation. Arrangements are being made for Dr. J. Lorber, Reader in Child Health, to visit the school as consultant pædiatrician.

The question of transport may have to be reconsidered. These severely handicapped pupils come by taxi-service from door to door, but as they grow bigger it is extremely difficult for them to be lifted from the wheeled chair into the taxi. Although delayed, plans are now going ahead for a special school for 50 children with spina bifida, including residential accommodation and a nursery unit. Building is now expected to commence during 1967.

MALADJUSTED PUPILS

The number of these children continues to increase. Signs of disturbance are being detected at an earlier age. This should be helped by the closer liaison and team-work which exists between the teaching staff and the staff of the school health service.

Many of these disturbed children attend open air schools, but care has to be taken that these schools are not over-burdened with this type of case to the detriment of the truly delicate child. A day school for the maladjusted is in the 1968-69 building programme.

EDUCATIONALLY SUB-NORMAL PUPILS

Again one of the major problems here is one of transport for pupils attending the infant and junior schools. It is a disappointment that re-organisation of the junior schools to make them co-educational has not yet been possible. This would avoid the long journey across town which many of these children have to make.

HOME TUITION

Some children are too severely handicapped to attend any school; for these, home tuition is arranged. They are on the register of Oakes Park School for physically handicapped children and are kept under review. At the end of the year, 8 were being educated in this way. Tuition is also given by teachers to children in hospitals who are capable of receiving it. General practitioners are notified by the Senior School Medical Officer of the admission to special schools of any children in their practice.

SPECIAL SCHOOLS

The pupils in the following schools have been ascertained under the Handicapped Pupils and Special Schools Regulations, 1959 and 1962, as requiring special educational treatment:—

		Accommodation for
BLIND	Sheffield School for Blind Children	60 pupils (res)
PARTIALLY SIGHTED	Brook Secondary School (Special Unit)	10 pupils (day)
	Stradbroke County School (Special Unit)	15 pupils (day)
DEAF (GRADE III) AND PARTIALLY HEARING (GRADE IIB)	Maud Maxfield School	38 pupils (res.) 58 pupils (day)
PARTIALLY HEARING (GRADE IIA)	Greystones Secondary School (Special Unit)	10 pupils (day)
	Hunter's Bar Junior School (Special Unit)	10 pupils (day)
	Maud Maxfield School (lip reading classes)	30 pupils (day)
DELICATE	Bents Green School	*40 pupils (res.) 100 pupils (day)
	Springvale House School	140 pupils (day)
	Whiteley Wood School	144 pupils (day)
PHYSICALLY HANDICAPPED	Chantrey School	40 pupils (res.) 20 pupils (day)
	Oakes Park School	120 pupils (day)
EDUCATIONALLY SUB-NORMAL	East Hill Schools:	
	Infant	45 pupils (day)
	Junior Boys	100 pupils (day)
	Senior Boys	120 pupils (day)
	Handsworth School:	
	Junior Girls	100 pupils (day)
	Highfield School:	
	Senior Girls	120 pupils (day)
	Wadsley Bridge Schools:	
	Junior Boys	100 pupils (day)
	Senior Boys	120 pupils (day)

*Accommodation temporarily reduced from this figure during alterations to the school

SHEFFIELD SCHOOL FOR BLIND CHILDREN

At the end of the year, 66 children were on the registers of the school, their condition being as follows:—

Abiotrophy of retinæ	3
Albinism	5
Buphthalmos	5
Choroido retinitis	2
Congenital cataracts	10
Congenital nystagmus	4
Corneal leucoma	1
Microphthalmos	4
Optic atrophy	9
Retinal aplasia	1
Retinitis pigmentosa	2
Retinoblastoma	7
Retrolental fibroplasia	8
Uveitis	5
	66

PARTIALLY SIGHTED UNITS

After more than a year and a half since being established, it is gratifying to report that both these units continue to work satisfactorily. The defects of the pupils on the registers at 31st December are summarised below:—

Brook Secondary School

Albinism	1
Congenital cataracts	3
Degeneration of maculæ	1
Hypermetropic astigmatism	1
Myopia	1
Optic atrophy	1
Optic disc anomaly	1
	9

Stradbroke County School

Albinism	1
Congenital cataracts	2
Congenital nystagmus	4
Irido-cyclitis	1
Retrolental fibroplasia	2
	10

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below:—

RESULTS OF EXAMINATIONS

Recommended for admission to a special school for the educationally sub-normal	66
Recommended for education in an ordinary school with special educational treatment and later review	54
Examined but decision deferred as to educational sub-normality	1
Recommended for admission to a Special School for physically handicapped children	3
Found not to be educationally sub-normal	2
Found to be unsuitable for education and recommended for notification to the Local Health Authority—Section 57 (4)	13

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL

Left on attaining the leaving age	57
Removed at an earlier age as incapable of receiving further benefit	11

TOTAL NUMBER NOTIFIED TO LOCAL HEALTH AUTHORITY (MENTAL HEALTH SUB-COMMITTEE)

	Boys	*Girls*
Children incapable of receiving benefit or further benefit from instruction in school	18	10
Re-examined and still incapable	3	1
Educationally sub-normal children notified on attaining the school leaving age	35	22

DIABETES

11 pupils with this condition are under one or other of the hospital diabetic clinics but are fortunately fit to attend ordinary school. Special diets are provided where necessary, children participate in games and general school activities so far as is advisable, but no injections are given in school.

CEREBRAL PALSY

There is a total of 69 school children with this condition known to us in the City. It will be seen from the following table, giving their disposal, that the majority of those of school age are fit to attend some form of day school. It is the residue, who are very severely handicapped, who constitute the real problem:—

Total number of children	69
Unsuitable for education in school and under the care of the local health authority	14
Number requiring education	55

Disposal of the educable children:

At ordinary schools...		15
In day special schools for:—		
Physically handicapped	11	
Educationally sub-normal	3	
Deaf	1	
Delicate...	2	
Cerebral palsied	20	
Blind	1	
		38
In residential special schools (including 5 at Chantrey School)		2
		55

CHILDREN MAINTAINED IN RESIDENTIAL SPECIAL SCHOOLS AND HOMES OUTSIDE THE CITY, DECEMBER, 1966

At the end of the year, 63 children were in residential special schools and homes outside the City. A summary of these cases is given on page 54.

FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students were in attendance at recognised institutions:—

Royal Normal College for the Blind (one male, shorthand and typewriting).

Dene Park Further Education Centre—Special Diagnostic Course (one male).

Portland Training College—Clerical/Commercial Course (one male).

AFTER-CARE

The importance of the after-care of handicapped pupils is now fully recognised and close co-operation with those in the Public Health Department concerned with the various handicaps is maintained. Officers of this Department visit the special schools, as do the youth employment officers, to give talks, show films, and advise and help the school leavers to find suitable posts; or to make arrangements for them to attend the Industrial Rehabilitation Unit, or a residential training centre.

Regular meetings of those responsible for the after-care of educationally sub-normal adolescents continue, and a quarterly review of all handicapped school leavers now takes place.

SCHOOL DENTAL SERVICE

> *"All joys I bless, but I confess*
> *There is one greater thrill:*
> *What the dentist does when he stops the buzz*
> *And puts away the drill."*
> Christopher Morley, "Song in a Dentist's Chair."

E. Copestake, Principal School Dental Officer

"The year has been one of steady progress towards the building of a service to provide annual dental examination for all children in the City.

It has been instructive in adding to our knowledge of changing conditions and of the problems associated with them.

The progress made has been the result of an organised attempt to recruit staff and modernise clinics, inaugurated in 1964 and continued in 1966. Six clinics with a total of ten surgeries are open full-time, and a seventh clinic is open for five sessions a week. They cover the needs of over one-half of the school population. The larger number of staff employed provided a greater and very welcome volume of treatment. In brief tabulated form, the main items of treatment are given to show the increase over the previous year:—

	1965	1966
No. of children examined in schools	13,177	28,768
No. of children examined in clinics	1,877	2,367
No. of children treated	4,270	7,577
No. of fillings inserted	6,972	13,365
No. of teeth extracted	5,604	8,671
Prophylactic treatment	1,590	2,933
Courses of treatment completed	2,946	6,156
No. of sessions spent on treatment	1,963	3,254
No. of sessions spent on school inspection ...	129	214

We have in mind a further build-up of the Service by the provision of two surgeries in each of the new Maternity and Child Welfare Centres proposed for the Hillsborough and Heeley districts. The purchase of a mobile clinic to serve the outlying schools is also under consideration. Accommodation would then be available for employing three additional dental officers, and this would bring us nearer to making possible a dental examination of all children once a year.

Between 1963 and the end of 1965, there was an almost complete change of staff, all the present officers and auxiliaries, except one, having been appointed during that period. Of the present staff of nine dental officers, eight qualified at the Sheffield University Dental School. Four were just qualified on appointment and with no previous experience, and it could be expected that some time would elapse before economical habits of working were established. The progress made, however, has been good and dental officers have cheerfully and competently taken on the organisation of their day-to-day routine of work. They have opened up some clinics which have been closed for years and head teachers, some of whom have never before experienced a dental examination in school, have helped them very freely. During this period, all dental clinics have become as self-contained as it is possible to make them. The confidence placed in newly-appointed staff, in their ability to organise their work and look sufficiently far ahead to maintain a steady flow of patients to their surgeries, has been well repaid. The changing conditions mentioned earlier have, however, provided difficulties. It has been stated in previous reports that opening up a new clinic is very much like starting a new dental practice. It has to be developed, and it is hoped that continuity of staff can be maintained because so much depends on this when building up a practice.

Difficulties have been met in providing an effective service and they arise in this way. Approximately 30% of the children pay more-or-less regular visits to a general dental practitioner. Before the National Health Service was established, these were the greater part of those visiting the school clinics. Of the 70% who remain, about one-half visit a dentist occasionally or attend a clinic, and the rest seek treatment when the need for it is driven home by pain. It is very difficult to persuade parents as to the value of conservative treatment in young children and it is this group for whom the early adoption of a habit of regular treatment is so advantageous. It has come about that, where 3,000 children per dental officer was said some years ago to be the ideal number of patients per school dentist, this could now be more than doubled and what we have learnt this year has given us cause to think that in the future even a higher number might be accepted. Certainly, when fluoridation of our water supplies has been brought about and has existed for ten years, we shall have need to think again.

The existing regulations require us to provide a dental examination of every child in the City at least once a year. This is being done, but only in those areas served by a dental clinic. In one area, six-monthly examinations are now taking place. This is favoured by the Department of Education and Science and, as far as the Ministry of Health is concerned, general practitioners are authorised to carry out the dental examination of patients up to 21 years of age every four months, and suitable payment is made for this. It recalls to children and parents the necessity for early diagnosis of dental caries and its treatment. If all children who need treatment were to have it, the clinics would be swamped with patients, but, putting on one side those children who are judged to be visiting a dental practitioner fairly regularly, of the rest over 50% are still refusing to accept treatment. This is an attitude which may be overcome eventually by a change of outlook brought about by the repeated reminders sent out by dental officers of the need for treatment.

Sheffield has a much higher proportion of dental auxiliaries to dental officers than have most other authorities, and they are having a marked effect, in the areas covered by the three clinics in which they work, on the extent to to which treatment is being provided. The General Dental Council has been responsible for the training of the girls so employed during an experimental period of five years. Last year, members of a panel of 28 practitioners made visits to all authorities employing dental auxiliaries to examine and provide a survey of the treatment given. The comprehensive report of their findings presented to the Privy Council was accepted as a favourable indication that the training and employment of auxiliaries should continue on a permanent basis. While remarking on their value, it would be wise to add that we have some difficulty in the supervision of the treatment they give. To carry this out properly, a dental officer must be on the premises in which they work for the whole of the time that treatment is being carried out. As the dental officer must have freedom to leave his clinic for visits to schools and for the giving of general anæsthetics for his colleagues, this invariably leaves periods during which a dental auxiliary cannot be employed in the surgery. Some time is lost, but this appears to be experienced in other authorities which employ them. Some thought has been given to the more economical use of the dental auxiliary's time by dividing it between two clinics at both of which dentally-qualified staff are available for supervision.

One interesting change which has taken place in recent years is the marked decrease in seriously neglected mouths in children. Our attention was drawn to this by a request received from the Oral Pathologist at the University for teeth exhibiting pathological outgrowths of the nerve tissue known as pulp polyps. Some time ago, these were seen regularly in the clinics, a dental officer finding some fifteen or so during the year. They are the result of long-standing neglect of a badly-decayed tooth, and conditions have changed so much that we rarely see one today. This is no doubt due to the marked increase in the attention given to children by general practitioners in the City. The younger dentists in practice appear to be favourably inclined to give an increasing amount of time to the treatment of children. On being told that it was proposed to open up a school dental clinic in his area, a fairly-recently qualified practitioner remarked that he was pleased, as the advent of a visit to a local school by a dental officer always resulted in a large number of children attending his surgery, because of the notice we send to parents informing them that treatment is necessary. It has become increasingly evident that the school dental service can, by its school inspections, make a valuable contribution to the provision of treatment for children.

In conclusion, the year 1965 might be remarked as being the possible turning point in the development of the Sheffield school dental service.

The adoption of a policy of furnishing surgeries with some of the best dental equipment available so as to make them attractive both to staff and patients has removed one of the biggest obstacles in recruiting new staff. Improvements have been made in the conditions of service offered and, partly owing to the easing of the load of routine treatment by the employment of auxiliaries, a greater variety of treatment is able to be undertaken by dental officers, and this is appreciated. It is intended that provision be made for further development, though it is recognised that we may still have difficulty in recruiting additional staff to occupy the new clinics we have in mind, for there was no great improvement in the national figures relating to dental officers in the school service between 1964 and 1965. There was an increase of 6% in salaried officers and a decrease of some 4% in those employed on a sessional basis. It can be said, however, that Sheffield has become decidedly more attractive to those qualifying in the City, and this may well be our salvation."

SPEECH THERAPY

"How can I tell what I think till I see what I say?"
Edward Forster.

By Miss A. B. Chapman, L.C.S.T., Senior Speech Therapist:—

"I am happy to report that 1966 has been a satisfactory year for the Speech Therapy Clinic, largely due to the maintenance of a reasonably good staff situation, though we are still not fully staffed. Mrs. Popat rejoined in March to work five sessions per week. Miss Adkins left in July, but at the end of June she was unfortunately injured in a road accident, thus robbing us of her services a month early. Her place was taken by Mrs. Sommerville who commenced in September.

An innovation this year has been visits by first-year students from the Leeds School of Speech Therapy, two of whom attend weekly to observe. This does not seem to have upset the children and it is a pleasure to be able to help in this way.

The figures this year need little comment, except that the smallest one perhaps calls for some explanation. The number of recall interviews after discharge has been gradually declining over the last few years and this year is only 2. This has occurred because cases are now kept under supervision for longer periods and, when they are eventually discharged, recall interviews seem unnecessary in the majority of cases.

Due to the co-operation of the Health Committee, arrangements were made to hold a weekly treatment session in the Maternity and Child Welfare Centre at Manor, as more time was needed and could not be arranged at the school clinic. This has been a great help, but there are still 9 children waiting for vacancies at Manor, the majority of whom are not attending for treatment meanwhile. There is also a waiting list of 13 for Attercliffe Clinic, although there are two sessions there each week.

The total number of children waiting for Branch Clinic vacancies is 31, only 7 of whom are receiving treatment at present. This situation is not satisfactory, but the time which can be spent at branch clinics is limited by the accomodation available and by the amount of travelling our staff can be asked to do. Improvement in this situation seems unlikely in the foreseeable future and it would appear that the problem can only be solved by the establishment of a main Speech Therapy Clinic in a more central position, so that fewer people will require to be seen at branch clinics.

Referrals have risen slightly and an interesting point has been the increase in referrals of pre-school children. There have been 13 of these this year, as against 3 in 1965. This would seem to reflect earlier recognition on the part of doctors and parents of the need for advice, and we welcome this trend.

2 cases of voice disorder have also been referred.

Two courses have been attended during the year. In June, Miss Holland went on a six-week course on the assessment and treatment of cerebral palsy, and in July Miss Chapman attended the National Conference of the College of Speech Therapists in Glasgow."

The statistics for the year are given on pages 49 and 50.

CHILD GUIDANCE CENTRE

"He swallowed a lot of wisdom, but it seemed as if
all of it had gone down the wrong way"
Georg Lichtenberg.

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge:—

"The numbers of children referred over the last five years have on the average fallen a little short of 600. The year under review, in spite of staff shortage, has kept up with this trend; 596 children being referred, 40% being girls. This proportion of girls is higher than usual (average for previous five years, 35%).

The types of cases referred, source of reference, age and intelligence range are shown in the appended figures. These show little deviation from year to year. Some 69% were referred for intellectual difficulties of one kind or another, though on investigation many of these would equally-well have fallen into other categories. It is natural that when head teachers refer about 75% of all cases that educational factors loom large—though the schools are often aware of other symptoms when the cases are referred. The children were on the whole slightly older than in recent years, but since three-quarters of them are referred before they are ten and a half years, it would appear that efforts are made to locate problems early.

The number of cases closed during the year (582) is the highest recorded in the Centre's history. However, the shortage of staff shows up in the increased number of children on the waiting list (82 at the end of the year) and in the number of children waiting for treatment after investigation (110 at the end of the year). The former number has averaged less than 40 over the previous five years and the latter never reached such a level since the immediate post-war years.

The Centre has been three short of its establishment of seven psychologists throughout the year. In addition, Mr. K. A. Smart left at the end of August for a post with the Ministry of Education in Northern Ireland, and it was impossible to fill any of these posts after repeated advertising.

There have been several requests for more remedial reading groups to be established (there are still 28 groups in 14 schools) but this has been impossible; indeed the staff has been hard pressed to maintain those currently operating. It is a matter of regret that this expansion could not take place as the value of these classes has been amply demonstrated."

The figures for the year 1966 are given on pages 51 and 52.

MISCELLANEOUS

"My thoughts are whirled like a potter's wheel"
Shakespeare, "Henry VI, Part I"

VISITORS

Following the usual practice, candidates for the Diploma in Child Health and students in social science from the University have paid visits to the various schools for the physically handicapped and to school clinics. Also, there have been many foreign visitors and medical officers from other local authorities.

REMAND HOMES

All boys and girls are medically examined to ensure freedom from infection before admission to the remand homes, and fully examined before transfer to an approved school.

In addition, many special examinations are carried out by school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SCHOOL BUILDINGS

During the year, Richmond College of Further Education, Totley Hall College of Education Teaching Block and Woodhouse County Infant School were completed.

Minor projects were also completed at 6 schools and colleges.

INFECTIOUS DISEASES

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown on page 53. These numbers are not complete, but are sufficiently indicative of the trend of infection. Those referring to scarlet fever, dysentery and measles are confirmed cases.

CHEST X-RAY OF STAFFS

The routine bi-ennial offer of a chest X-ray was made to the whole of the teaching and administrative staffs, and the workpeople employed by the Committee. It was only possible for arrangements to be made for the teaching staff to be examined in 1966 and it is proposed, therefore, for a report on the total examinations carried out to be given in the Report for the year 1967.

SCHOOL MEALS SERVICE

> *"The best sauce in the world is hunger"*
>
> Miguel de Cervantes, "Don Quixote."

SCHOOL MEALS

Particulars of the average number of meals consumed daily in respect of each calendar month from January to December, 1966:—

January	45,431	July	42,825
February	44,775	August	—*
March	44,727	September	46,271
April	44,734	October	46,256
May	44,725	November	46,230
June	43,410	December	45,937

*All Schools closed in August

	1965	1966
No. of dinners consumed by pupils on payment	7,345,573	7,698,304
No. of dinners supplied free	565,998	613,104
No of dinners supplied on part-payment of 6d.	4,097	4,860

The following is the number of children receiving free meals in December, earlier years being included for comparison:—

1960	1961	1962	1963	1964	1965	1966
3,200	3,086	3,724	3,981	3,350	3,991	4,300

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply is limited at present to one-third of a pint per day per child and no charge is made.

During the year ended 31st December, 1966, 10,507,120 one-third-pints of beverage milk, representing approximately 437,796 gallons, were supplied to pupils in Sheffield Schools. Drinking straws are provided and all milk supplied to the schools is pasteurised.

Beverage Milk—Average number of bottles supplied daily

1966	Primary & Secondary Schools	Non-Maintained Schools	Total
January	51,377	2,538	53,915
February	49,069	2,528	51,597
March	50,880	2,472	53,352
April	52,466	2,479	54,945
May	54,319	2,540	56,859
June	53,424	2,760	56,184
July	52,256	2,444	54,700
August	—*	—*	—*
September	54,476	2,484	56,960
October	53,576	2,442	56,018
November	51,740	2,370	54,110
December	51,082	2,162	53,244

*All Schools closed in August

A return to the Department of Education and Science shows that on a day in September, 1966, 82% pupils received beverage milk and 66% received dinners.

PHYSICAL EDUCATION

"Grace is to the body what clear thinking is to the mind"
La Rochefoucauld, "Maximes."

By Mr. L. Morant, Organiser of Physical Education

"1. Introduction

If a programme of physical education is to make the maximum possible contribution to the welfare of those for whom it is designed it is essential that there should be appropriate facilities, suitably equipped, and used by well qualified teachers. An environment can then be created in which a teacher using enlightened methods based on modern educational philosophies can stimulate normal development according to age, ability, and aptitude.

During the year, progress has been maintained in the provision of all these essentials. The rehabilitation of Bole Hill, Burgoyne Road and Walkley County Junior and Infant Schools has improved facilities in a way which has had a most stimulating effect on the work. At the other end of the scale, the opening of Richmond College of Further Education has made excellent provision for the many students fortunate enough to attend. All schools have been equipped with appropriate apparatus on the most generous scale possible having regard to the current economic situation, and the general staffing situation is better than it has been for many years.

An important innovation during the year has been the opening of the Schools' Sailing Centre at Underbank Reservoir by the courtesy and co-operation of the Water Committee. Sailing dinghies have been built in school workshops and the boys have then had the pleasure of learning to sail them on the reservoir, under expert instruction. Instructional courses for teachers have been taken by a headmaster, Mr. E. Robinson, and there are now eleven schools looking forward to using the new pavilion, the fleet of ten dinghies and the mini-bus to ease transport problems during the next season.

In order to encourage and assist teachers to keep up-to-date with modern ideas of curriculum development and educational methods the following courses have been held.

	Number attending
Day of Dance for teachers of senior girls	36
Judo for men and women teachers	32
English folk dancing	48
Infant P.E. and dancing for married women returners	24
Modern educational dance for women teachers	18
Educational gymnastics for men teachers	36
Rebound tumbling	24
Athletics	32
Canoeing	28
Orienteering	18
Correlation of movement training with drama, music and art for head teachers	72
Course for men teachers in evening institutes	26
Course for women teachers in evening institutes	24

2. Activities in Schools

Programmes are being modified constantly in the light of current research on matters relating to growth and development. At the primary stage, sound results are obtained by training in movement, with its application to dance of various types, the coaching and playing of appropriate games, and swimming. Work has continued with the correlation of training in movement, music, drama and art, and the results have indicated that this type of work can stimulate and develop the imagination and powers of expression.

After the primary stage, there has been a considerable extension of the programme of physical activities to meet the recreational and social needs of those who will soon be leaving school. The great increase in time and money available for leisure, the extra-curricular type of education advocated in the Newsom Report, and the general trend towards an extension of the period of compulsory education, are all factors which indicate the need for training in recreational activities which can be carried on beneficially in post-school life.

Head teachers have been quick to appreciate this and in many secondary schools they have arranged for pupils to be introduced to such activities as archery, badminton, camping, canoeing, fell-walking, fencing, golf, rock-climbing and sailing. They have also emphasised the desirability of some form of residential education which will provide educational experiences which cannot be provided in the average school situation.

3. Planning of Facilities

The fact must be faced that training in recreational pursuits and active leisure on the scale envisaged above will require provision of facilities of a type and on a scale not yet available in the City.

It has already been clear for some time that in a large, industrial city with a hilly terrain, such as Sheffield, it is not possible to meet the demand for playing pitches. The high intensity of use makes maintenance most difficult, and many pitches are not fit for regular use during December, January and February. The idea of resting pitches for long periods may be necessary but causes considerable frustration.

It is therefore desirable to provide all-weather pitches which can be used regularly in almost any weather conditions, require little maintenance and, if floodlit, can also be used for evening matches. The experiment of flood-lighting playgrounds at Meynell Road and Pomona Street Schools has been most successful in making it possible for evening practices and basket-ball, football and netball matches to continue throughout the winter.

Similarly, covered games areas, or community sports halls, would provide opportunities for training in all games and athletic activities by pupils during school hours, and by post-school organisations during the evenings. Swimming baths also provide for high intensity of use irrespective of weather conditions, and the provision of baths of an appropriate type, adjacent to some of the many schools which have been built on the outskirts in recent years, would save much time and money which is at present spent in transporting classes to baths in or near the centre of the City. At the same time, such baths would provide convenient recreational facilities for post-school groups, or for families with young children on the newer estates. It will be obvious the Local Education Authority will not have the resources to make this kind of provision in all cases, and an approach worth consideration is that the recreational needs of this expanding population might be met by co-operation between two or more Committees with responsibilities of this type, as recommended in the Joint Circular of August, 1965, published by the Ministry of Housing and Local Government, and by the Department of Education and Science.

4. Recreational Activities out of school

Once again the children of Sheffield have been fortunate in the type and amount of activity organised for them by teachers' organisations working quite voluntarily. The Sheffield and District Schools' Athletics Association (now in its 76th year) organises competitions, rallies and demonstrations in 15 different sports. The Sheffield Schools' Swimming Association has again had a very active year, and the Sheffield Teachers' Folk Dance Club and the Teachers' Dance Circle have again made valuable contributions by organising activities especially for school children.

5. Conclusion

It is a pleasure to report appreciation of the generous help and advice received from the Director and his senior staff, of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service, of the kindly assistance of the office staff and personal colleagues, and of the friendly relationships existing with the teaching staff."

STATISTICAL INFORMATION

> *"Superfluous branches we lop away that bearing boughs may live"*
> Shakespeare, "Richard III"

SUMMARY OF THE WORK OF THE SCHOOL HEALTH SERVICE, 1966

		Children	Attendances
SCHOOL MEDICAL OFFICERS			
Visits to schools	1,595		
Periodic health inspections		11,601	
Selected cases		3,250	
Observation cases and re-inspections		8,185	
Special cases		1,588	
Inspection and minor ailments clinics ...		13,550	22,753
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—			
Examination of children in schools		217,439	
Visits to homes		1,652	
Minor dressings at clinics and schools ...		16,792	36,019
OPHTHALMIC CLINIC—			
Examined by surgeon		2,580	2,699
Dressed by school nursing sisters		848	4,104
Orthoptic treatment		736	1,176
AURAL CLINIC—			
Examined by surgeon		332	462
Dressed by school nursing sisters		1,456	6,393
ORTHOPÆDIC CLINIC—			
Examined by surgeon		118	138
RHEUMATISM AND HEART CLINIC—			
Examined by pædiatrician		67	68
CHIROPODY CLINIC			
Treated by chiropodist		829	1,636
CHILD GUIDANCE CENTRE		1,178	4,304
SPEECH THERAPY CLINIC		411	6,059
DENTAL CLINICS—			
Inspected at schools		28,768	
Inspected at clinics		2,367	
Treated by school dental surgeons		7,577	18,700
IMMUNISATION AGAINST DIPHTHERIA, ETC—			
At schools and clinics			6,290
TOTAL ATTENDANCE OF CHILDREN AT CLINICS			110,801

PERIODIC HEALTH INSPECTIONS

The number examined at periodic health inspections was:—

Entrants (those born 1960 and later)	6,993
Leavers (those born 1952 and earlier)	4,608
	11,601

1,314 (1,428*) pupils were found to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease), or 11·3 per cent of those inspected.

3,544 (2,959*) pupils were referred for observation at subsequent periodic health inspections.

*1965 figures

SPECIAL EXAMINATIONS

3,250 children in infant, junior and secondary schools were examined as "selected" cases. 1,683 defects were found, of which 579 required treatment and 1,104 observation only.

4,641 (3,980*) pupils who had been referred for observation at previous periodic health inspections were re-examined.

*1965 figures

CLEANLINESS (PERIODIC HEALTH INSPECTIONS)

The figures from 1963 and onwards relate to 'entrants' and 'leavers' only. (See page 25 for the results of the cleanliness survey carried out by the school nursing sisters in all schools).

Cleanliness of Head

		Clean per cent.	Infected Hair per cent.		
Boys ...	1945	97·04	2·96	(Nits 2·81	Lice ·15)
	1963	99·59	·41	(,, ·39	,, ·02)
	1964	99·43	·57	(,, ·57	,, —)
	1965	99·15	·85	(,, ·85	,, —)
	1966	99·14	·86	(,, ·86	,, —)
Girls ...	1945	83·24	16·76	(,, 15·83	,, ·93)
	1963	98·24	1·76	(,, 1·76	,, —)
	1964	98·24	1·76	(,, 1·75	,, ·01)
	1965	99·69	·31	(,, ·31	,, —)
	1966	97·87	2·13	(,, 2·13	,, —)

Cleanliness of Body

		Clean per cent.	Dirty per cent.	Body Lice per cent.
Boys ...	1945	99·56	·41	·03
	1963	100·00	—	—
	1964	99·89	·11	—
	1965	99·77	·23	—
	1966	99·9	·1	—
Girls ...	1945	99·65	·3	·05
	1963	100·00	—	—
	1964	99·91	·09	—
	1965	99·88	·12	—
	1966	99·88	·12	—

GENERAL CONDITION

(This classification, though primarily concerned with physical fitness, also includes poise and general demeanour)

The percentages found at periodic health inspections to be unsatisfactory were, boys ·17%, and girls ·33%. Malnutrition through lack of food is rare. Figures for heights and weights are given in tables on pages 58 to 62.

Only two classifications—satisfactory and unsatisfactory—are considered necessary by the Department of Education and Science. Every case judged unsatisfactory by a medical officer is therefore carefully investigated, with special attention to home conditions.

EYE DEFECTS

Number of children found to have defective vision at periodic health inspections ('entrants' and 'leavers' only):—

	Number examined	Defective vision
Boys	5,528	610 (11·3%)
Girls	5,290	518 (9·8%)

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9, 11 and 13 is tested by the school nursing sisters (this means that a child's vision is tested every other year as a matter of routine). The school nursing sisters referred 323 (368*) children to the medical officers at the clinics: of these 235 (239*) were found to require examination by the ophthalmologist and 58 (96*) were kept under observation. No treatment was found to be necessary in 21 (33*) cases; the parents of 9 (10*) children elected to have treatment through their general practitioners.

*1965 figures

OPHTHALMIC TREATMENT

Summary of Work

	Cases	Attendances
Errors of refraction:—		
Hypermetropia and hypermetropic astigmatism	772	817
Myopia and myopic astigmatism	1,096	1,146
Mixed astigmatism	94	94
Anisometropia	111	115
Squint:—		
Strabismus, convergent	120	122
Strabismus, alternating convergent	52	54
Strabismus, divergent	10	10
Strabismus, alternating divergent	4	5
Phoria	10	11
Congential defects	150	158
Inflammatory conditions	11	11
Injuries	6	7
No apparent defect	144	149
	2,580	2,699

Glasses prescribed, replacements and repeat prescriptions ...	2,113
Referred to orthoptists	132
Treated otherwise	6
Under observation	462
Not seen this year	822
New cases seen in 1966	868

ORTHOPTIC TREATMENT

At the beginning of the year, the cases outstanding from 1965 numbered 614 (725*). Of the 132 (176*) children referred during 1966, 122 (172*) became registered patients, the total attendances made by all cases being 1,176 (1,600*). 235 (283*) cases were discharged during the year, leaving 501 (614*) cases still open at the end of the year.

The details of the discharges during the year are as follows:—

After investigation, found to be unsuitable for treatment	9	(16*)
Cured	41	(82*)
Improved	33	(48*)
Cosmetically satisfactory	46	(33*)
Left district or transferred	24	(28*)
Failed to attend	67	(55*)
Treatment refused	—	(4*)
No apparent defect	15	(17*)
	235	(283*)

*1965 figures

EAR, NOSE AND THROAT

The total number of children seen during the year was 332 (392*), of whom 286 (333*) were new cases. The children made 462 (518*) attendances.

*1965 figures

The hospitals have supplied the following figures for operations for tonsils and adenoids:—

Royal Infirmary	309
Royal Hospital	384
Children's Hospital	578
Tonsillectomy Unit (closed 31st March)	196
	1,467

The following table gives an analysis of the reasons for attendance at the clinic:—

Tonsils and adenoids	164
Tonsils	23
Adenoids	49
Otitis media	45
Deafness	81
Other conditions	73
Consultation—no treatment advised at present	27
	462

PRE-SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

Cases under review at beginning of year	37	
Referred during the year	73	
	—	110

Admitted to Maud Maxfield School Nursery	10	
Referred to aural surgeon and awaiting operative treatment	4	
Referred for speech therapy	4	
Referred back to general practitioner with appropriate recommendation	2	
Receiving auditory training	20	
Hearing found to be satisfactory	50	
Cases still under review at end of year	18	
Left the City	2	
		110

Sources of new cases referred during year were as follows:

Otologists and pædiatricians	4	
Maternity and Child Welfare	58	
General practitioners	1	
Social Psychiatry	3	
Parents' request	1	
School medical officers	4	
Children's Department	1	
Other local authorities	1	
		73

PARTIALLY HEARING UNIT, GREYSTONES COUNTY SCHOOL

Admitted during the year:

From Maud Maxfield School	4	
From ordinary schools	1	
		5

PARTIALLY HEARING UNIT, GREYSTONES SECONDARY SCHOOL

Admitted during the year:

From Maud Maxfield School	2	
From Hunter's Bar Unit	5	
		7

SPEECH THERAPY

Analysis of work carried out during 1966

Cases open on 1st January	270
Cases on waiting list, 1st January	38
Cases referred during year	142
	450
Cases closed during year	104
Cases open on 31st December	307
Cases on waiting list, 31st December	39
	450

Interviews

Treatment interviews with children	5,443
Diagnostic interviews with children	156
Supervision interviews with children	460
Interviews with parents	448
Interviews with other members of School Health Service	326
Recall interviews after discharge	2
Visits made by speech therapists to schools, etc.	67

Children referred for further examination

To educational psychologist for mental assessment ...	13
For audiometer test	14
To Child Guidance Centre for opinion and treatment ...	1
For examination by otologist	5
For orthodontic examination	2
For examination by plastic surgeon...	1

Reasons for Closure during 1966

Treatment Cases

	A	B	C
*1. Good result	3	—	22
2. Maximum benefit	—	—	8
3. Left school or district prior to completion of treatment	6	1	14
4. Non-attendance	3	—	7
5. Parents' request	2	—	9
6. Receiving treatment elsewhere	—	1	3
7. Unsuitable for speech therapy	—	—	6
8. Attendance not possible	—	1	3

A—stammer; B—stammer + speech defect; C—speech defect

(*All cases in this category are given a period of supervision prior to closure)

Observation Cases

Treatment not indicated after supervision	10
Treatment not indicated at preliminary interview	2
Non-attendance at preliminary interview	2
Died before completion of treatment	1

General

Number of cases	411
Number of attendances	6,059

HEART DISEASES AND RHEUMATISM CLINIC

Condition	New cases	Old cases	Attendances
1. No Rheumatism or Heart Disease			
(a) Functional murmurs	14	4	19
(b) Physiological arrhythmias ...	—	2	2
(c) No cardiac signs	8	2	10
2. Rheumatic Fever			
(a) Active with heart affection	—	1	1
(a) Active without heart affection	—	1	1
(b) Inactive with heart affection	—	4	4
(b) Inactive without heart affection	3	9	12
3. Rheumatic Chorea			
Active with heart affection	—	2	2
Active without heart affection	—	3	3
4. Congenital Heart Disease			
Cyanotic operated	1	1	2
Cyanotic not operated	1	3	4
Non-cyanotic operated	—	1	1
Non-cyanotic not operated	1	6	7
TOTALS	28	39	68

CHILD GUIDANCE CENTRE

Number of cases registered during 1966

Boys	357	
Girls	239	
		596

Analysis of cases dealt with

Cases closed 1966	566	
E.S.N. cases closed	16	
		582
Cases open 31st December, 1966	720	
E.S.N. cases open	39	
		759
Cases on waiting list 31st December, 1966		82

Reasons for closing cases in 1966

Did not attend		29
Consultation only	287	
,, ,, —E.S.N. cases	16	
		303
After supervision		212
Treatment cases:		
Further attendance impossible	3	
Patient unco-operative	1	
Parent unco-operative	2	
Transferred to other treatment	1	
Treatment completed	31	
		38
		582

Analysis of cases open at 31st December, 1966

Under treatment		66
Under supervision	515	
Under supervision (E.S.N. cases)	39	
		554
Under investigation		29
Awaiting treatment (investigation complete)		110
		759

Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual disorders	Total
Number of children ..	48	23	113	412	596

Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

Sources of reference

	Head teachers	Parent or guardian	School Medical Officer	Speech therapist	Juvenile Court	Private doctor	Hospital	Others	Total
Number of children...	466	34	26	14	17	9	20	10	596

Age on reference

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Number of children ...	3	7	52	74	180	82	39	29	46	34	17	26	5	2	596

Intelligence quotient range of all cases closed during 1966

	70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
Number of children ..	45	69	113	128	97	44	19	11	40	566

SCHOOL NURSING SERVICE—SUMMARY OF WORK

In the Schools—

Attendance with school medical officers at periodic health inspection.

Examination of children under cleanliness scheme—	Boys	64,248	
	Girls	64,704	
			128,952
Examination of children for "following up"			1,075
Examination of children for investigation of outbreak of infectious diseases			270
Examination of children for other purposes			6,083
Attendances for breathing exercises			2,958
Weighing and measuring			54,473
Number of visions tested			23,628
			217,439

Number of children referred to clinics	3,126
Number of visits to schools	11,652

In the Clinics

	Eye Treatment		Ear Treatment		Minor Dressings	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe ...	98	205	243	807	1,492	3,335
Central ...	9	19	52	162	285	907
Chaucer ..	24	59	73	500	324	404
Greenhill ...	13	24	52	160	225	663
Handsworth ...	27	44	15	84	233	385
Heeley ...	25	46	66	166	529	1,589
Hillsborough ...	30	59	68	341	384	2,155
Manor ...	72	104	120	242	1,230	4,234
Nursery ...	41	60	41	54	1,190	530
Pitsmoor ...	79	119	107	169	688	1,642
Shiregreen ...	55	160	77	222	1,552	2,044
Southey Green	32	52	47	97	383	520
Special Schools	193	2,834	284	2,667	5,247	10,735
Wisewood ...	53	150	74	335	703	1,385
Woodhouse ...	32	74	50	118	166	864
Wybourn ...	65	95	87	269	2,161	4,627
Totals ...	848	4,104	1,456	6,393	16,792	36,019

In the Homes

Visits for "following up"	617
Visits for neglect, uncleanliness, etc.	212
Visits for various purposes	823
	1,652

INFECTIOUS DISEASES

Disease	Reported from the Schools					
					Total	
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	1966	1965
Measles ...	130	143	467	514	1,190	1,538
Whooping Cough	14	21	41	18	96	61
Scarlet Fever...	39	19	20	46	126	268
Dysentery ...	3	5	12	14	34	85

SHEFFIELD CHILDREN IN OUT-OF-CITY RESIDENTIAL SPECIAL SCHOOLS AND HOMES, DECEMBER, 1966

Condition	Boys	Girls	Total
Blind and partially-sighted	5	5	10
Deaf and partially-hearing	2	4	6
Delicate	10	1	11
Educationally sub-normal	14	3	17
Epileptic	3	2	5
Maladjusted	6	1	7
Physically handicapped	4	3	7
	TOTAL		63

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street ...	All	Full-time	Administrative centre of school health service. Centre for examination of special cases; ophthalmic, orthoptic, ear, nose and throat, orthopædic, heart and chiropody clinics. Central inspection, minor ailment and immunisation clinics.
Audiology Clinic, Orchard Lane	All	Full-time	Diagnosis of degree of deafness and auditory training (young deaf children.)
Child Guidance Centres:			
9, Newbould Lane	All	Full-time	Child Guidance
Handsworth Branch Clinic, Hall Road	22	Thurs. mornings	
Catchbar Lane	25	Fridays all day	
Speech Therapy Clinics:			
Catchbar Lane	All	Full-time	Speech Therapy.
Attercliffe Branch Clinic, Vicarage Road	24	Tuesday mornings and Thursday afternoons	
Greenhill Branch Clinic, Greenhill County School	11	Tuesday afternoons and Wednesday mornings	
Manor Branch Clinic, Prince Edward County School	39	Mon., Wed. and Thurs. mornings	
Manor Welfare Centre		Tuesday afternoons	
9, Newbould Lane	44	Friday afternoons	
District Medical Clinics:			
Attercliffe Branch Clinic, Vicarage Road	16	Mon., Tues., Wed. and Friday afternoons	Inspection, minor ailment and immunisation clinics
Central Clinic, 7, Leopold Street—District E	18	Wed. and Sat. mornings	
District F...	25	Mon. and Thurs. afternoons	
Chaucer Branch Clinic, Chaucer Comprehensive School	6	Wed. and Fri. mornings	
Greenhill Branch Clinic, Greenhill County School	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth	10	Wed. mornings	
Heeley Branch Clinic, Lowfield County School	37	Mon., Tues. and Fri. afternoons	
Hillsborough Branch Clinic, Broughton Road	15	Mon., and Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School	32	Mon., Tues., Wed. and Thurs. afternoons	
Pitsmoor Branch Clinic, Ellesmere Road County School	20	Mon., Tues. and Thurs. afternoons	
Shiregreen Branch Clinic, Shiregreen County School	16	Mon. mornings and Wed. afternoons	
Southey Green Branch Clinic, Southey Green High School	5	Thurs. afternoons	
Wisewood Branch Clinic, Wisewood County School	8	Wed. and Fri. afternoons	
Woodhouse Branch Clinic, Chapel Street	7	Wed. and Fri. afternoons	
Wybourn Branch Clinic, Wybourn County School	5	Mon., Wed. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
Dental Clinics:			
Central Clinic, 7, Leopold Street ...	91	Varies	Comprehensive, routine and casual treatment, special dental cases, and M. & C. W. dental treatment.
Heeley Branch Clinic, Lowfield County School	32	,,	Routine and casual dental treatment, and M. & C. W. dental treatment
Rowlinson Branch Clinic, Rowlinson Technical School	10	,,	
Attercliffe Branch Clinic, Vicarage Road	19	,,	
Owler Lane Branch Clinic, Owler Lane County School	17	,,	
Hatfield Branch Clinic, Hatfield Comprehensive School	18	,,	
Manor Branch Clinic, Prince Edward County School	45	,,	

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Wood-house	Shire-green	Chaucer	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	TOTAL
Inspection and Minor Ailments Clinics—																	
Cases	*1,951*	*1,138*	*457*	*1,045*	*854*	*832*	*543*	*442*	*358*	*809*	*593*	*1,670*	*1,078*	*269*	*1,511*	—	*13,550*
Attendances	3,618	1,983	922	1,956	1,060	1,146	1,068	731	653	1,288	1,069	2,602	1,521	568	2,568	—	22,753
Dressings by School Nursing Sisters—																	
Eye cases	205	119	59	46	19		24	44	74	160	59	104	150	52	95	2,894	4,104
Ear cases	807	169	341	166	162		160	84	118	222	500	242	335	97	269	2,721	6,393
Minor	3,335	1,642	2,155	1,589	907		663	385	864	2,044	404	4,234	1,385	520	4,627	11,265	36,019
Treatment Clinics																	
Ophthalmic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,699	2,699
Orthoptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,176	1,176
Aural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	462	462
Orthopædic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	138	138
Rheumatism & Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	68	68
Chiropody	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,636	1,636
Dental (Central and Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18,700	18,700
Diphtheria Immunisation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6,290	6,290
Child Guidance Centres ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,304	4,304
Speech Therapy Clinics ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6,059	6,059
TOTALS ...	7,965	3,913	3,477	3,757	3,294		1,195	1,244	1,709	3,714	2,032	7,182	3,391	1,237	7,559	58,412	110,801

HEIGHTS

AVERAGES, SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1965 Inches	1966 Inches	Number Examined 1966	Age	1920 Inches	1938 Inches	1945 Inches	1965 Inches	1966 Inches	Number Examined 1966
5	40·5	42·44	42·93	43·29	43·17	3,013	5	40·75	42·13	42·64	43·06	42·85	2,795
6	42·75	44·75	44·77	45·69	45·66	3,047	6	42·45	44·24	44·63	45·24	45·35	2,883
7	44·4	47·09	46·98	49·09	48·03	3,018	7	44·05	46·77	46·59	47·66	47·74	2,930
8	46·9	49·21	49·84	50·3	50·26	2,935	8	46·9	48·86	48·85	49·83	49·84	2,886
9	48·45	50·47	50·38	52·25	52·31	2,866	9	47·95	50·39	51·22	51·93	51·89	2,660
10	49·8	52·28	54·31	54·23	54·29	2,699	10	50·25	52·13	54·38	54·13	54·1	2,616
11	53·55	53·98	54·91	56·14	56·11	2,347	11	51·1	55·28	55·62	56·55	56·44	2,377
12	54·05	56·42	56·44	58·13	58·25	2,150	12	54·5	57·52	57·96	58·67	58·94	2,046
13	55·7	57·91	59·1	60·69	60·5	2,118	13	56·05	58·9	60·02	60·75	60·65	2,068
14	56·45	59·8	60·38	63·3	63·46	1,779	14	57·	60·75	60·9	61·98	62·04	1,810
15	—	—	—	65·66	65·59	959	15	—	—	—	62·71	62·66	1,026
16	—	—	—	67·39	67·61	218	16	—	—	—	63·56	63·68	195

WEIGHTS

AVERAGES, SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1965 Pounds	1966 Pounds	Number Examined 1966	Age	1920 Pounds	1938 Pounds	1945 Pounds	1965 Pounds	1966 Pounds	Number Examined 1966
5	38·6	41·49	41·58	43·67	43·41	3,013	5	38·9	39·93	40·18	42·62	42·48	2,795
6	42·2	45·72	44·95	48·57	48·35	3,047	6	40·45	43·87	43·71	47·35	47·62	2,883
7	45·1	51·1	49·77	54·53	54·39	3,018	7	42·1	49·21	47·62	53·49	53·4	2,930
8	50·15	56·17	57·12	61·05	60·67	2,935	8	49·05	54·17	54·41	59·77	59·66	2,886
9	52·25	60·	61·73	67·19	67·44	2,866	9	52·2	58·	59·12	66·74	66·76	2,660
10	57·7	64·29	74·52	74·16	74·52	2,699	10	53·4	63·8	67·61	74·69	74·65	2,616
11	68·2	70·86	73·49	81·35	81·44	2,347	11	61·75	75·44	77·48	85·33	83·91	2,377
12	70·4	80·14	79·35	89·22	89·95	2,150	12	71·05	83·47	85·85	94·57	95·08	2,046
13	73·75	85·61	90·07	101·34	99·34	2,118	13	77·35	89·66	96·04	106·17	105·64	2,068
14	79·55	94·14	95·16	113·52	114·35	1,779	14	78·95	100·5	99·65	114·71	114·62	1,810
15	—	—	—	126·09	125·4	959	15	—	—	—	119·62	119·95	1,026
16	—	—	—	137·78	141·14	218	16	—	—	—	125·51	127·27	195

HEIGHTS, 1966

COMPARATIVE FIGURES FOR AVERAGE HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS									GIRLS								
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools	
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches
5	3,013	43·17	945	43·59	1,652	43·02	416	42·8	5	2,795	42·85	837	43·18	1,515	42·78	443	42·44
6	3,047	45·66	985	45·99	1,628	45·59	434	45·18	6	2,883	45·35	943	45·78	1,497	45·19	443	45·
7	3,018	48·03	973	48·55	1,546	47·89	499	47·44	7	2,930	47·74	918	48·07	1,569	47·95	443	47·48
8	2,935	50·26	964	50·62	1,526	50·18	445	49·78	8	1,886	49·84	934	50·21	1,485	49·72	467	49·5
9	2,866	52·31	975	52·72	1,472	52·19	419	51·78	9	2,660	51·89	784	52·34	1,471	51·78	405	51·44
10	2,699	54·29	892	54·67	1,402	54·18	405	53·81	10	2,616	54·1	802	54·62	1,446	53·94	368	53·58
11	2,347	56·11	730	56·61	1,273	55·95	344	55·65	11	2,377	56·44	674	56·88	1,320	56·43	383	55·7
12	2,150	58·25	555	58·71	1,251	58·18	344	57·77	12	2,046	58·94	487	59·22	1,236	58·98	323	58·81
13	2,118	60·5	473	60·93	1,278	60·43	367	60·16	13	2,068	60·65	455	61·12	1,224	60·62	389	60·19
14	1,779	63·46	475	63·72	1,016	63·39	288	63·26	14	1,810	62·04	469	62·33	1,055	62·	286	61·66
15	959	65·59	306	65·73	554	65·59	99	65·13	15	1,026	62·66	330	62·93	581	62·58	115	62·29
16	218	67·61	116	67·67	102	67·54	—	—	16	195	63·68	118	63·8	77	63·5	—	—

WEIGHTS, 1966

COMPARATIVE FIGURES FOR AVERAGE WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

	BOYS									GIRLS							
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools	
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds
5	3,013	43·41	945	44·27	1,652	43·08	416	42·88	5	2,795	42·48	837	43·19	1,515	42·31	443	41·69
6	3,047	48·35	985	49·01	1,627	48·15	434	48·15	6	2,883	47·62	943	48·35	1,497	47·29	443	47·22
7	3,018	54·39	973	55·82	1,546	53·88	499	53·17	7	2,930	53·4	918	54·72	1,569	52·93	443	52·29
8	2,935	60·67	964	61·75	1,526	60·19	445	59·99	8	2,886	59·66	934	61·13	1,485	58·93	467	58·86
9	2,866	67·44	975	69·18	1,472	66·87	419	65·37	9	2,660	66·76	784	68·23	1,471	66·34	405	65·48
10	2,699	74·52	892	76·08	1,402	74·16	405	72·31	10	2,616	74·65	802	77·49	1,446	73·48	368	73·08
11	2,347	81·44	730	83·91	1,273	80·71	344	78·9	11	2,377	83·91	674	86·22	1,320	83·2	383	82·3
12	2,150	89·95	555	93·54	1,251	89·13	344	87·15	12	2,046	95·08	487	96·67	1,236	96·61	323	94·05
13	2,118	99·34	473	101·54	1,278	99·07	367	97·38	13	2,068	105·64	455	108·25	1,224	105·07	389	104·45
14	1,779	114·35	475	117·15	1,016	113·8	288	111·69	14	1,810	114·62	469	116·36	1,055	114·37	286	112·59
15	959	125·4	306	126·54	554	124·91	99	124·87	15	1,026	119·95	330	121·83	581	120·88	115	118·7
16	218	141·14	116	142·2	102	139·97	—	—	16	195	127·27	118	129·12	77	124·41	—	—

NURSERY SCHOOLS AND CLASSES

AVERAGE HEIGHTS

Boys					Girls				
Age	1957 Inches	1965 Inches	1966 Inches	Number examined 1966	Age	1957 Inches	1965 Inches	1966 Inches	Number examined 1966
2	35·78	36·88	37·53	3	2	35·13	35·85	35·93	2
3	37·94	38·6	38·53	165	3	37·46	38·04	38·04	132
4	40·	40·62	40·32	303	4	39·52	40·18	40·23	270

AVERAGE WEIGHTS

Boys					Girls				
Age	1957 Pounds	1965 Pounds	1966 Pounds	Number examined 1966	Age	1957 Pounds	1965 Pounds	1966 Pounds	Number examined 1966
2	30·71	31·39	34·69	3	2	29·38	20·27	31·64	2
3	34·85	34·87	35·15	165	3	33·88	33·77	33·66	132
4	38·47	38·82	38·08	303	4	36·86	37·88	37·8	270

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER, 1966

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1967—71,922

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint) (5)	For any other condition recorded at Part II (6)	Total individual pupils (7)
		Number (3)	Number (4)			
1962 and later	454	453	1	—	31	27
1961	3,007	2,993	14	56	220	244
1960	3,532	3,520	12	85	326	363
1952	1,282	1,282	—	52	106	147
1951 and earlier	3,326	3,325	1	251	305	533
TOTAL ...	11,601	11,573*	28†	445	988	1,314

*Total Satisfactory—99·76%   †Total Unsatisfactory—·24%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	22,485
Number of Re-inspections	14,114
TOTAL	35,599

TABLE C—INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	128,952
(ii)	Total number of individual pupils found to be infested	2,001
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	3,367
(iv)	Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)...	—

SCREENING TESTS OF VISION AND HEARING

1.	Is the vision of the entrants tested as a routine within their first year of entry?	Yes
2.	How frequently is vision testing repeated throughout a child's school life?	Every other year
3.	(*a*) Is colour vision testing undertaken?	Yes
	(*b*) If so, at what age?	11 years
	(*c*) Are both boys and girls tested?	Yes
4.	By whom is vision and colour testing carried out?	School nursing sisters; doubtful cases are referred to school medical officers
5.	(*a*) Is routine audiometric testing of entrants carried out within their first year at school	No
	(*b*) If not, how soon after entry is this done?	At 6 years of age
6.	By whom is audiometric testing carried out?	School nursing sisters

PART II.

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect or Disease	Periodic Inspections						Special Inspections	
	Entrants		Leavers		Total			
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	90	130	204	65	294	195	4,068	40
Eyes—(*a*) Vision	142	700	303	295	445	995	683	488
(*b*) Squint	62	121	11	18	73	139	33	18
(*c*) Other	18	26	7	5	25	31	725	10
Ears—(*a*) Hearing	123	144	54	27	177	171	234	73
(*b*) Otitis Media ..	13	89	10	19	23	108	89	25
(*c*) Other	49	163	34	12	83	175	800	26
Nose and Throat	106	824	18	69	124	893	1,202	183
Speech	29	316	4	17	33	333	116	64
Lymphatic Glands	3	207	—	14	3	221	5	40
Heart	9	108	6	21	15	129	18	32
Lungs	12	247	3	38	15	285	78	85
Developmental—								
(*a*) Hernia	8	33	3	4	11	37	2	9
(*b*) Other	3	322	11	24	14	346	43	67
Orthopædic—								
(*a*) Posture	—	17	1	14	1	31	—	4
(*b*) Feet	15	61	17	34	32	95	12	16
(*c*) Other	18	121	14	34	32	155	409	17
Nervous System—								
(*a*) Epilepsy	3	31	2	6	5	37	12	21
(*b*) Other	—	12	—	10	—	22	41	2
Psychological—								
(*a*) Development ..	6	49	—	4	6	53	59	35
(*b*) Stability	7	403	1	29	8	432	125	141
Abdomen	—	9	1	4	1	13	79	5
Other	3	63	10	39	13	102	3,335	144

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	617
Errors of refraction (including squint)...	2,429
TOTAL	3,046
Number of pupils for whom spectacles were prescribed ...	2,109

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(*a*) for diseases of the ear	22
(*b*) for adenoids and chronic tonsillitis	1,484
(*c*) for other nose and throat conditions	8
Received other forms of treatment	1,964
TOTAL	3,478

Total number of pupils in school at 31st December known to have been provided with hearing aids:—	
(*a*) in 1966	9
(*b*) in previous years	125

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments...	368
(*b*) Pupils treated at school for postural defects	—
TOTAL	368

TABLE D—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C, Part I)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	4
Scabies	121
Impetigo	12
Other Skin Diseases	3,884
TOTAL	4,021

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Centres	1,178

TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	411

TABLE G—OTHER TREATMENT GIVEN

		Number of cases known to have been dealt with
(*a*)	Pupils with minor ailments	3,641
(*b*)	Pupils who received convalescent treatment under School Health Service arrangements	173
(*c*)	Pupils who received B.C.G. Vaccination	4,205
(*d*)	Other than (*a*), (*b*) and (*c*) above—	
	Chiropody	829
	Diphtheria Immunisation, etc. (See Page 27 of this Report)	
	Heart	9
	Orthoptic	736
	Total (*a*) — (*d*)	9,593

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
A. *Attendances & Treatment*				
First Visit	3,505	3,528	544	7,577
Subsequent visits	3,226	6,481	1,416	11,123
Total visits	6,731	10,009	1,960	18,700
Additional courses of treatment commenced	279	389	89	757
Fillings in permanent teeth	2,658	7,486	1,519	11,663
Fillings in deciduous teeth	1,576	126	—	1,702
Permanent teeth filled	2,106	6,257	1,309	9,672
Deciduous teeth filled	1,453	119	—	1,572
Permanent teeth extracted	424	1,813	284	2,521
Deciduous teeth extracted	4,989	1,161	—	6,150
General anæsthetics	2,120	1,123	89	3,332
Emergencies	762	337	34	1,133

Number of pupils X-rayed	314
Prophylaxis	2,933
Teeth otherwise conserved	59
Number of teeth root filled	29
Inlays	12
Crowns	27
Courses of treatment completed	6,156

B. *Orthodontics*

Cases remaining from previous year	29
New cases commenced during year	100
Cases completed during year	32
Cases discontinued during year	35
No. of removable appliances fitted	148
No. of fixed appliances fitted	8
Pupils referred to Hospital Consultant	10

	Ages 5 to 9	 10 to 14	 15 and over	Total
C. *Prosthetics*				
Pupils supplied with F.U. or F.L. (first time)	—	1	—	1
Pupils supplied with other dentures (first time)	—	36	7	43
Number of dentures supplied	—	56	15	71

D. *Anæsthetics*

General Anæsthetics administered by Dental Officers	1,434

E. *Inspections*

(*a*) First inspection at school. Number of Pupils	28,768
(b) First inspection at clinic. Number of Pupils	2,367
Number of (*a*) + (*b*) found to require treatment	20,355
Number of (*a*) + (*b*) offered treatment	13,885
(*c*) Pupils re-inspected at school or clinic	2,926
Number of (*c*) found to require treatment	1,332

F. *Sessions*

Sessions devoted to treatment	3,254
Sessions devoted to inspection	214
Sessions devoted to Dental Health Education	130

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES, YEAR 1966.

During the calendar year 1966 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		Total (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes (other than Hospital Special Schools) ...	3	—	7	—	28	66	1	74	1	—	180
B. (i) Number of these newly placed	2	—	7	—	22	56	—	67	—	—	154
(ii) Placed during the year but assessed prior to 1–1–66 ...	—	—	—	—	—	1	3	13	—	—	17

On 19th January, 1967 : — Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		Total (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Requiring places in Special Schools											
(i) Total:—											
(*a*) Day	—	—	—	—	—	—	—	1	—	—	1
(*b*) Boarding	1	—	—	—	2	1	1	2	1	—	8
Number of pupils included in these totals:—											
(ii) Who had not reached the age of 5 and were awaiting:—											
(*a*) Day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding places	1	—	—	—	1	—	—	—	—	—	2
(iii) Who had reached the age of 5 but whose parents had not consented to their admission to a Special School and awaiting:—											
(*a*) Day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding places	—	—	—	—	—	—	—	—	—	—	—
(iv) Who had been awaiting admission for more than one year	—	—	—	—	—	—	1	1	—	—	2

On 19th January, 1967:— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1-10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	((11
D. (i) On the registers of—											
(1) Maintained Special Schools as:—											
(*a*) Day pupils	—	2	36	8	107	122	72	505	5	7	864
(*b*) Boarding pupils ...	7	1	2	2	2	25	6	5	1	—	51
(2) Non-Maintained Special Schools as:—											
(*a*) Day pupils	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding pupils ...	9	—	4	—	5	—	6	14	4	1	43
(ii) On the registers of Independent Schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—	—
(iii) Boarded in Homes and not already included under (i) or (ii) above	—	—	—	—	—	11	—	—	—	—	11
TOTAL (D)	16	3	42	10	114	158	84	524	10	8	969
Total awaiting places or receiving special education (C(i) and D) ...	**17**	**3**	**42**	**10**	**116**	**159**	**85**	**527**	**11**	**8**	**978**
E. Being educated under arrangements made under Section 56 of the Education Act, 1944:—											
(i) In City General Hospital ...	—	—	—	—	86	—	—	—	—	—	86
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) At Home	—	—	—	—	6	—	—	1	1	—	8

G. During the *calendar year* ended 31st December, 1966 :—

(*i*) Number of children subject of new decisions recorded under Section 57 of the Education Act, 1944	28
(*ii*) Number of reviews carried out under Section 57A of the Education Act, 1944	4
(*iii*) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944	—

COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1966

SECTION	Gross Expenditure	Income	Net Expenditure	Cost in terms of a Penny Rate	
				Gross Expenditure	Net Expenditure
	£	£	£	d.	d.
Medical Inspection and Treatment	172,763	4,892	167,871	1·98	1·93
Special Schools	486,774	133,573	353,201	5·59	4·06
TOTALS ...	659,537	138,465	521,072	7·57	5·99

CITY OF SHEFFIELD, GENERAL INFORMATION

Population (as estimated mid-1966)	486,490
Area	39,598 acres
Density of population	12·29 persons per acre
Rateable Value at 31st March, 1966	£21,427,000
Rate levied for Education, year ended 31st March, 1966 ...	133·4d.
Penny Rate Product, year ended 31st March, 1966	£87,062
Primary and Secondary Schools (including Nursery Schools)—	
Number of schools	220
Number on rolls	70,583
Special Schools—	
Number of schools	16
Number on rolls	1,339

LONDON SCHOOL OF HYGIENE ★ AND TROPICAL MEDICINE ★
LIBRARY
-7 JUL 1967

City of Sheffield Printing Department